Original Application

Hospice Alpha Inc Linden, Perry County TN

CN1404-010



CERTIFICATE OF NEED APPLICATION

For

The Establishment of a Non-Residential Hospice

by

Hospice Alpha, Inc. 102 N. Poplar Street Linden, Perry County, Tennessee 37096

STATE OF TENNESSEE
HEALTH SERVICES AND DEVELOPMENT AGENCY
502 Deaderick Street
9th Floor
Nashville, Tennessee 37243
615/741-2364

FILING DATE: April 14, 2014

SECTION A: APPLICANT PROFILE

1.	Name of Facility, Agency or Institu	ution		÷	i premiris Legis Legis Post Indian Legis Legis
Hos	pice Alpha, Inc.				Family 141
Nan	ne				
100	N. Dawley Street			Perry	
-	N. Poplar Street et or Route			County	
buc	et of Route				
Lind	len,			TN	37096
City				State	Zip Code
2.	Contact Person Available for Resp	onses	to Questi	ons	
<u>E. G</u>	raham Baker, Jr.			Attorney	
Nan	ne			Title	
F G	raham Baker, Jr., Attorney at Law			graham@@	grahambaker.net
	npany Name			e-mail add	
	1 Richard Jones Road, Suite 120			TN	37215
Stre	et or Route	City	y	State	Zip Code
Atto	orney	615	/370-3380		615/221-0080
	ociation with Owner	Pho	ne Numbei	•	Fax Number
_	6 6 6 7 11 A	4!44			
3.	Owner of the Facility, Agency, or I	nstituti	<u>on</u>		
Hos	pice Alpha, Inc.				615/582-6396
Nan					Phone Number
	43.5 0 1 7 200				Davidson
	1 Murfreesboro Road, Suite 209 et or Route				Davidson County
Sire	et of Route				County
Nasl	hville,		TN		37217
City			State		Zip Code
			-)		
4.	Type of Ownership of Control (Ch	eck On	e)		
A.	Sole Proprietorship	F.	Governm	ental (Stat	e of Tenn.
В.	Partnership			al Subdivi	
C.	Limited Partnership	G.	Joint Ver		
D.	Corporation (For-Profit) X	H.		Liability Co	ompany
E.	Corporation (Not-for-Profit)	I.	Other (Sp	pecify)	

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS. See $Attachment\ A.4$.

SECTION A:

APPLICANT PROFILE

Please enter all Section A responses on this form. All questions must be answered. If an item does not apply, please indicate "N/A". Attach appropriate documentation as an Appendix at the end of the application and reference the applicable Item Number on the attachment.

Section A, Item 1: Facility Name <u>must be</u> applicant facility's name and address <u>must be</u> the site of the proposed project.

Response: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Section A, Item 3: Attach a copy of the partnership agreement, or corporate charter <u>and</u> certificate of corporate existence, if applicable, from the Tennessee Secretary of State.

Response: The requested documents for the Applicant are included in the application as Attachment A.4.

Section A, Item 4: Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% or more ownership interest. In addition, please document the financial interest of the applicant, and the applicant's parent company/owner in any other health care institution as defined in Tennessee Code Annotated, §68-11-1602 in Tennessee. At a minimum, please provide the name, address, current status of licensure/certification, and percentage of ownership for each health care institution identified.

Response: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Section A, Item 5: For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract

Please describe the management entity's experience in providing management services for the type of the facility, which is the same or similar to the applicant facility. Please describe the ownership structure of the management entity.

Response: Not applicable.

Section A, Item 6: For applicants or applicant's parent company/owner that currently own the building/land for the project location, attach a copy of the tide/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements must include anticipated purchase price. Lease/Option to Lease Agreements must include the actual/anticipated term of the agreement and actual/anticipated lease expense. The legal interests described herein must be valid on the date of the Agency's consideration of the certificate of need application.

Response: The Applicant will lease office space at 102 N. Poplar Street, Linden (Perry County), Tennessee 37096. This space is a store-front property located across the street from the courthouse in downtown Linden. The initial lease period is from April 1, 2014 through October 1, 2014, which should take the applicant through the CON application period. The lease, if not terminated, will automatically renew itself on a month-to-month basis. The Applicant has site control of the leased premises, and the Applicant's legal interests are valid at time of application filing and will continue to be valid on the date of the Agency's consideration of the application. Of course, the Landlord and Tenant have the option of extending the lease upon approval of the CON application.

The amount of the lease is \$400 per month. The landlord advises that the FMV of the space equals approximately \$33.26 per GSF. The total GSF being leased is 902 GSF, resulting in a FMV of approximately \$30,000, which amount is included in the Project Costs Chart.

5.	Name of Management/Operat	ing Entit	y (It	Applicable)		
Nam	ne					
Stree	et or Route			-	County	
	(•)				¥	
City			State	2	Zip Code	
	ALL ATTACHMENTS AT THE BA					FERENCE
6.	Legal Interest in the Site of th	e Institu	tion	(Check One)		
A. B. C.	Ownership Option to Purchase Lease of _0.5 _Years _X	-	D. E.	Option to Lease Other (Specify)		
	ALL ATTACHMENTS AT THE BAR APPLICABLE ITEM NUMBER ON A					FERENCE
7.	Type of Institution (Check as	appropr	iate	more than one re	sponse may a	apply.)
A. B. C. D. E. F. G.	Hospital Ambulatory Surgical Treatment Center (Multi-Specialty) ASTC Home Health Agency Hospice Mental Health Hospital Mental Health Residential Treatment Facility Mental Retardation Institutional Habilitation Facility (ICF/MR)		J. K. L. M. N. O. P.	Nursing Home Outpatient Diagnost Recuperation Center Rehabilitation Facili Residential Hospice Non-Residential Me Facility Birthing Center Other Outpatient Fac (Specify) Other (Specify)	ty thadone cility	
8.	Purpose of Review (Check as	appropr	iate [,]	more than one re	sponse may a	ipply.)
A. B. C. D.	New Institution Replacement/Existing Facility Modification/Existing Facility Initiation of Health Care Service as defined in TCA §68-11-1607(4) Specify Hospice	<u>X</u>		Change In Bed Com (Please note the type by underlining the ap- response: Increase, Designation, Distrib Conversion, Relocat	of change ppropriate Decrease ution,	
F. G.	Discontinuance of OB Services Acquisition of Equipment		I. J.	Change of Location Other (Specify)		

9. Bed Complement Data

Please indicate current and proposed distribution and certification of facility beds.

Respo	nse: Not applicable.	1.			
z cospo		Current Beds Licensed CON*	Staffed Beds	Beds Proposed	TOTAL Beds at Completion
A.	Medical	Electised Coll		<u></u>	<u>completion</u>
В.	Surgical				
C.	Long-Term Care Hospital	1 	· · · · · · · · · · · · · · · · · · ·		
D	Obstetrical			S/	¥
E.	ICU/CCU	·	====	<u> </u>	
F.	Neonatal		·	-	4
G.	Pediatric			9 <u></u> 1	
H.	Adult Psychiatric	· · · · · · · · · · · · · · · · · · ·			
I.	Geriatric Psychiatric				×
J.	Child/Adolescent Psychiatric	·	8		
K.	Rehabilitation			ş 	*
L.	Nursing Facility (non-Medicaid Certified)			-	
M.	Nursing Facility Level 1 (Medicaid only)			-	
N.	Nursing Facility Level 2 (Medicare only)			-	·
Ο.	Nursing Facility Level 2 (dually-certified)		<u></u>		
P.	ICF/MR			:	
Q.	Adult Chemical Dependency			- 14	
R.	Child & Adolescent Chemical Dependency	У		1	
S.	Swing Beds			(
T.	Mental Health Residential Treatment				-
U.	Residential Hospice	-			

TOTAL

^{*}CON Beds approved but not yet in service

10.	Medicare Provider Number	will be applied for
	Certification Type	Hospice
11.	Medicaid Provider Number	will be applied for
	Certification Type	Hospice

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid?

Response: Certification will be sought for Medicare and TennCare. We anticipate that our patient payor breakdown will be as follows:

70% Medicare23% Medicaid7% Private Pay.

13. Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare participants? Yes If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract. Discuss any out-of-network relationships in place with MCOs/BHOs in the area.

Response: We will seek contracts with Americhoice, Amerigroup, BlueCare and TennCare Select for our Medicaid/TennCare patients. Further, the Applicant will contract with any new MCOs that provide services in the area. Please see *Attachment A.13* for a map of MCOs in Tennessee, by county.

NOTE: Section B is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. Section C addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. <u>Discussions on how the application relates to the criteria should</u> not take place in this section unless otherwise specified.

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

Response: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$92,250.00.

The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services.

The Applicant anticipates having 60 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area, and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Documentation is provided that shows: (1) the projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this documentation is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for

more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area. Therefore, all 12 counties constitute our proposed service area.

The anticipated cost to implement this project (\$92,500) is quite low, and the anticipated revenue and expense projections are reasonable, based on current hospice reimbursement figures. The Applicant anticipates the following approximations in Year 1: gross income of \$11,935 per patient, average deductibles of \$955 per patient, and average net of \$10,980 per patient. Anticipating an average length of stay of 71 days (national average), the resulting comparable approximate per diem numbers are \$168, \$13, and \$155, respectively. The current Medicare hospice rate for routine in-home care is \$156.26 per day.

Staffing costs are reasonable and within area standards. Further, adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

- II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.
- A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of \$5 million) and other facility projects (construction cost in excess of \$2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square The total cost per square foot should provide a breakout between new footage. construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

Response: There is no construction. The development of the proposal is as follows:

The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$92,250.00.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. Attachment B.II.C.2 is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 60 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Please see Attachment B.II.C.4, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See Attachment B.II.C.4.a). Therefore, all 12 counties constitute our proposed service area.

The anticipated cost to implement this project (\$92,500) is quite low, and the anticipated revenue and expense projections are reasonable, based on current hospice reimbursement figures. The Applicant anticipates the following approximations in Year 1: gross income of \$11,935 per patient, average deductibles of \$955 per patient, and average net of \$10,980 per patient. Anticipating an average length of stay of 71 days (national average), the resulting comparable approximate per diem numbers are \$168, \$13, and \$155, respectively. The current Medicare hospice rate for routine in-home care is \$156.26 per day.

As reported in the 2010 Edition of "Hospice Care in America, by the National Hospice and Palliative Care Organization (NHPCO), included with this application as *Attachment B.II.C.*5:

"Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period of time."

Therefore, this project is economically feasible.

Further, the same report cited above (Attachment B.II.C.5) states:

"Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.

"In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that 'with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival."

That same New England Journal of Médicine article stated that:

"...getting early palliative care — in addition to regular medical treatment — helped people with lung cancer live three months longer, compared with those given standard care. In comparison, chemotherapy can give newly diagnosed lung cancer patients an extra two to three months of life," says study co-author Thomas Lynch, director of the Yale Cancer Center. "If this was a drug, this would be on the front page of every paper in the country, talking about 'New advance in lung cancer,' "Lynch says. But palliative care patients didn't just live longer. They also lived better, with less depression and a higher quality of life," he says.

The only conclusion that can be reached by this article is that more awareness and more hospice providers with full time palliative physicians are needed.

Staffing costs are reasonable and within area standards. Further, adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

Hospice care is primarily a residential service, as indicated by the following national data chart:

Location of Death	2009	2008
Patient's Place of Residence	68.6%	68.8%
Private Residence	40.1%	40.7%
Nursing Home	18.9%	22.0%
Residential Facility	9.6%	6.1%
Hospice Inpatient Facility	21.2%	21.0%
Acute Care Hospital	10.1%	10.1%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

An older population is statistically more likely to need hospice care than a younger population. According to NHPCO (*Attachment B.II.C.5*, page 6), "In 2009, 83.0% of hospice patients were 65 years of age or older – and more than one-third of all hospice patients were 85 years of age or older."

In fact, hospice care is primarily a Medicare-reimbursed service as evidenced by the following chart:

Paver	2009	2008
Medicare Hospice Benefit	89.0%	88.8%
Managed Care or Private Ins.	4.8%	5.0%
Medicaid Hospice Benefit	4.3%	4.3%
Uncompensated or Charity Care	.9%	.9%
Self Pay	.4%	.4%
Other Payment Source	.6%	.6%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

Further, a 2011 publication by the Brookings Institute indicates that the over age 45 population grew 18 times as fast as the under age 45 population between 2000 and 2010, and that the fastest age 65+ growth in the nation is in the Sun Belt (See *Attachment B.II.C.5.a*).

The current Medicare reimbursement figures are included in *Attachment B.II.C.6*, and the Applicant anticipates approximately \$156.26 per diem for Medicare patients. Further, we anticipate an average length of stay (ALOS) of 71 days, in keeping with national averages (see *Attachment B.II.C.7*).

Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each, to 1 agency see patients in 11 of the 12 counties, according to the Joint Annual Reports (see *Attachment B.H.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	<u>Applicant</u>	<u>Type</u>	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	\$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	\$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	\$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	\$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of \$92,250.00, excluding the minimum \$3,000.00 filing fee. Of that amount, \$30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at \$50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually \$12,500, which will be used for minimal office equipment.

There are no construction or renovation costs with this application. The Applicant will lease a storefront property in downtown Linden, Tennessee.

Therefore, this project is economically feasible.

The approval of this project will only result in positive outcomes. Since existing hospice agencies are not expanding into the areas with documented need for hospice care, this project will have a positive effect on the health care system.

There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:		Year 1
Administrator		1.0
RNs		3.0
LPNs		3.0
CNA	15	6.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	\$22
LPN	\$18
CNA	\$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

Response: Not applicable, as there are no beds involved with this project.

- C. As the applicant, describe your need to provide the following health care services (if applicable to this application):
 - 1. Adult Psychiatric Services
 - 2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
 - 3. Birthing Center
 - 4. Burn Units
 - 5. Cardiac Catheterization Services
 - 6. Child and Adolescent Psychiatric Services
 - 7. Extracorporeal Lithotripsy
 - 8. Home Health Services
 - 9. Hospice Services
 - 10. Residential Hospice
 - 11. ICF/MR Services
 - 12. Long-term Care Services
 - 13. Magnetic Resonance Imaging (MRI)
 - 14. Mental Health Residential Treatment
 - 15. Neonatal Intensive Care Unit
 - 16. Non-Residential Methadone Treatment Centers
 - 17. Open Heart Surgery
 - 18. Positron Emission Tomography
 - 19. Radiation Therapy/Linear Accelerator
 - 20 Rehabilitation Services
 - 21. Swing Beds

Response: Hospice Services: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$92,250.00.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. Attachment B.II.C.2 is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 60 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to

see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Please see Attachment B.II.C.4, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small, when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See Attachment B.II.C.4.a). Therefore, all 12 counties constitute our proposed service area.

The anticipated cost to implement this project (\$92,500) is quite low, and the anticipated revenue and expense projections are reasonable, based on current hospice reimbursement figures. The Applicant anticipates the following approximations in Year 1: gross income of \$11,935 per patient, average deductibles of \$955 per patient, and average net of \$10,980 per patient. Anticipating an average length of stay of 71 days (national average), the resulting comparable approximate per diem numbers are \$168, \$13, and \$155, respectively. The current Medicare hospice rate for routine in-home care is \$156.26 per day.

Staffing costs are reasonable and within area standards. Further, adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

As reported in the 2010 Edition of "Hospice Care in America, by the National Hospice and Palliative Care Organization (NHPCO), included with this application as *Attachment B.II.C.5*:

"Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period of time."

Therefore, this project is economically feasible.

Further, the same report cited above (Attachment B.II.C.5) states:

"Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.

"In a 2010 study published in the New England Journal of Medicine, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative

treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that 'with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival.'"

That same New England Journal of Medicine article stated that:

"...getting early palliative care — in addition to regular medical treatment — helped people with lung cancer live three months longer, compared with those given standard care. In comparison, chemotherapy can give newly diagnosed lung cancer patients an extra two to three months of life," says study co-author Thomas Lynch, director of the Yale Cancer Center. "If this was a drug, this would be on the front page of every paper in the country, talking about 'New advance in lung cancer,' "Lynch says. But palliative care patients didn't just live longer. They also lived better, with less depression and a higher quality of life," he says.

The only conclusion that can be reached by this article is that more awareness and more hospice providers with full time palliative physicians are needed.

Adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

Hospice care is primarily a residential service, as indicated by the following national data chart:

Location of Death	2009	2008
Patient's Place of Residence	68.6%	68.8%
Private Residence	40.1%	40.7%
Nursing Home	18.9%	22.0%
Residential Facility	9.6%	6.1%
Hospice Inpatient Facility	21.2%	21.0%
Acute Care Hospital	10.1%	10.1%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

An older population is statistically more likely to need hospice care than a younger population. According to NHPCO (*Attachment B.II.C.5*, page 6), "In 2009, 83.0% of hospice patients were 65 years of age or older – and more than one-third of all hospice patients were 85 years of age or older."

In fact, hospice care is primarily a Medicare-reimbursed service as evidenced by the following chart:

Payer	2009	2008
Medicare Hospice Benefit	89.0%	88.8%
Managed Care or Private Ins.	4.8%	5.0%
Medicaid Hospice Benefit	4.3%	4.3%
Uncompensated or Charity Care	.9%	.9%
Self Pay	.4%	.4%
Other Payment Source	.6%	.6%

Further, a 2011 publication by the Brookings Institute indicates that the over age 45 population grew 18 times as fast as the under age 45 population between 2000 and 2010, and that the fastest age 65+ growth in the nation is in the Sun Belt (See *Attachment B.II.C.5.a*).

The current Medicare reimbursement figures are included in *Attachment B.II.C.6*, and the Applicant anticipates approximately \$156.26 per diem for Medicare patients. Further, we anticipate an average length of stay (ALOS) of 71 days, in keeping with national averages (see *Attachment B.II.C.7*).

Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each, to 1 agency see patients in 11 of the 12 counties, according to the Joint Annual Reports (see *Attachment B.II.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	Applicant	Type	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	\$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	\$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	\$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	\$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of \$92,250.00, excluding the minimum \$3,000.00 filing fee. Of that amount, \$30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at \$50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually \$12,500, which will be used for minimal office equipment.

There are no construction or renovation costs with this application. The Applicant will lease a storefront property in downtown Linden, Tennessee.

Therefore, this project is economically feasible.

The approval of this project will only result in positive outcomes. Since existing hospice agencies are not expanding into the areas with documented need for hospice care, this project will have a positive effect on the health care system.

There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	Year 1
Administrator	1.0
RNs	3.0
LPNs	3.0
CNA	6.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	\$22
LPN	\$18
CNA	\$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

D. Describe the need to change location or replace an existing facility.

Response: Not applicable.

- E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of \$1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:
 - 1. For fixed-site major medical equipment (not replacing existing equipment):
 - a. Describe the new equipment, including:
 - 1. Total cost; (As defined by Agency Rule).
 - 2. Expected useful life;
 - 3. List of clinical applications to be provided; and
 - 4. Documentation of FDA approval.
 - b. Provide current and proposed schedules of operations.

Response: Not applicable.

- 2. For mobile major medical equipment:
 - a. List all sites that will be served;
 - b. Provide current and/or proposed schedule of operations;
 - c. Provide the lease or contract cost.
 - d. Provide the fair market value of the equipment; and
 - e. List the owner for the equipment.

Response: Not applicable.

3. Indicate applicant's legal interest in equipment (i.e., purchase, lease, etc.) In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Response: Not applicable.

- III. (A) Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which must include:
 - 1. Size of site (in acres)
 - 2. Location of structure on the site; and
 - 3. Location of the proposed construction.
 - 4. Names of streets, roads or highway that cross or border the site.

Please note that the drawings do not need to be drawn to scale. Plot plans are required for <u>all</u> projects.

Response:

- 1. The space being leased is a zero lot line storefront property in downtown Linden. The size of the leased space is approximately 902 GSF, which results in approximately 0.02 acres. Please see attached plot plan (*Attachment B.III*).
- 2. Please see *Attachment B.III*. This attachment indicates the location of the existing office building on the site.
- 3. There is no proposed construction, as the space already exists.
- 4. The storefront property is located across the street from the Perry County Courthouse in Linden, Tennessee between E. School Street and E. Main Street (which is shown as Highway 100 on the attachment). E. Main Street is the main thoroughfare of Linden. See *Attachment B.III*.

(B) Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

Response: The storefront property is located across the street from the Perry County Courthouse in Linden, Tennessee, between E. School Street and E. Main Street (which is shown as Highway 100 on the attachment). E. Main Street is the main thoroughfare of Linden. See *Attachment B.III*. Patients will not be coming to the office of the Applicant, but the office is, nevertheless, quite accessible.

In addition, please note various miles and drive times from Hospice Alpha, Inc. office (102 N. Poplar Street, Linden) to the county seat of the twelve counties of the proposed service area (Note: all entries based on MapQuest data, and "Driving Time to Office" is listed in estimated hours/minutes):

Location	Miles to office	Driving Time to Office
Camden	47.9	0/56
Henderson	52.5	1/05
Decaturville	20.6	0/24
Savannah	43.3	1/05
Lexington	33.2	0/40
Centerville	28.8	0/39
Waverly	37.7	0/45
Lawrenceburg	56.2	1/09
Hohenwald	19.0	0/24
Selmer	68.4	1/20
Linden	0	0
Waynesboro	29.1	0/41

The administrative offices of the hospice will be in Perry County, but not all staff will be based out of Perry County. Hospice staff, much like home health staff, will be based closer to where the patients originate. For example, for Lawrence County patients referred to the Applicant, nursing staff in or close to Lawrence County would be hired to provide services to those respective patients. The location of the administrative office should have little impact on staff driving times to patients who are located in the surrounding service area.

Finally, according to Debbie Thrasher at Health Care Facilities' East TN Regional office, anything less than 100 miles is regarded as sufficiently close. Since all county seats of the counties in our proposed service area are well within 100 miles, no branch offices are anticipated at the present time.

IV. 'Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: <u>DO NOT SUBMIT BLUEPRINTS</u>. Simple line drawings should be submitted and need not be drawn to scale.

Response: Please see *Attachment B.IV*. for a footprint of the office space to be leased for the hospice agency. The roughly 44' by 20.5' space fronts on N. Poplar where the "display windows" are shown.

V. For a Home Health Agency or Hospice, identify:

- 1. Existing service area by County;
- 2. Proposed service area by County;
- 3. A parent or primary service provider;
- 4. Existing branches; and
- 5. Proposed branches.

Response: There is no existing service area for this proposed hospice.

The proposed service area includes Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

The Applicant is Hospice Alpha, Inc., which will be the primary service provider.

There are no existing branches.

There are no proposed branches.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. <u>Please type each question and its response on an 8 1/2" x 11" white paper</u>. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

NEED

- 1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.
 - a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.

Response: Please see Attachment Specific Criteria.

Further, the State Health Plan lists the following Five Principles for Achieving Better Health, and are based on the Division's enacting legislation:

- 1. The purpose of the State Health Plan is to improve the health of Tennesseans;
- 2. Every citizen should have reasonable access to health care;
- 3. The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the state's health care system;
- 4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers; and
- 5. The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.

Responses to these five Principles are as follows:

1. Obviously, not all disease can be cured, and everyone does face death. The "health" issue in this Principal becomes: how do we choose to face death. Hospice is designed to provide palliative care to patients with terminal illnesses who are approaching the end stages of their lives. Clinicians,

patients and policymakers have all extolled the quality of care and resultant improvement of health for hospice patients. Therefore, the provision of hospice care improves the health of Tennesseans.

- 2. Medicare is a primary payer of hospice services. However, the Medicare benefit only began in 1983. Since that time, use of the hospice benefit has grown rapidly as more emphasis is placed on quality of life issues for those facing the end of life. Perhaps somewhat due to population densities and societal differences between urban and rural areas of our nation, hospice care initially grew in metropolitan areas. Today, hospice is still more prevalent in urban areas than in rural areas. Most of the service area proposed by the Applicant could be classified as more rural than urban, thereby increasing the access to hospice care for Tennesseans.
- Obviously, Certificate of Need ("CON") issues greatly impact the development of health care 3. services and resources in Tennessee. Just as obvious, many institutional services, including hospice care, require the approval of a CON prior to implementing the service. It is important to regulate those who wish to enter the business of providing health to our citizens. CON is one regulatory process in that regard, and the issues raised and discussed during the process are necessary. One unfortunate aspect of CON review, however, is that once a provider is approved to implement a service at a specific location or in a specific area, there are no negative sanctions available to the certifying agency if that provider, in fact, does not provide the approved care. Therefore, a provider can be approved to provide hospice care in a given county, but is under no obligation, either initial or continuing, to actually provide hospice care in the county. Resultantly, the traditional "development" of hospice services is such that several providers can be approved to provide service, but do not. In this particular instance, the Applicant is requesting approval for 12 counties, there are 15 existing hospice providers in those 12 counties, but 4 of those providers saw patients in only 1 county in 2013, another provider saw patients in only 2 counties, etc. Obviously, some providers are attempting to provide hospice care, while others are not. The Applicant is committed to actually providing hospice services to the citizens of the requested 12 county service area. Therefore, the approval of this application will enhance the "development" of hospice services in the proposed service area.
- 4. Tennessee is fortunate to have an excellent licensing division of the Department of Health. The Board of Licensing Health Care Facilities provides standards for and monitoring of licensed health care providers. The Applicant is familiar with licensing procedures, and is committed to upholding standards as set forth by the Department. Therefore, the approval of this application will enhance citizens' confidence in the health care system.
- 5. The Applicant is committed to implementing the training of nursing personnel and related allied health care workers. Therefore, the approval of this Application will support the development, recruitment, and retention of a sufficient and quality health care workforce.

b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c).

Response: Not applicable.

2.	Describe the relationship of this project to the applicant facility's long-range develo	pment
	plans, if any.	

Response: There are no current long-range development plans of the Applicant, other than the implementation of this project.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).

Response: Our proposed service area includes Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Please see Attachment C.Need.3 for a map of the service area.

4. A. Describe the demographics of the population to be served by this proposal.

Response: Our proposed service area includes Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. Population data for Tennessee and the service area is shown on *Attachment B.II.C.1*. More specific demographic data is supplied as *Attachment C.Need.4.A* (some of this data is from the U.S. Census Bureau, and other is from QuickFacts, supplied by the State of Tennessee).

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Response: All or part of each of these 12 counties are medically-underserved areas, as follows:

Benton	All of the County
Chester	All of the County
Decatur	All of the County
Hardin	All of the County
Henderson	All of the County
Hickman	All of the County
Humphreys	Part of the County
Humphreys Lawrence	Part of the County All of the County
¥ •	•
Lawrence	All of the County
Lawrence Lewis	All of the County All of the County

See Attachment B.II.C.4.a for the medically underserved areas in our proposed service area.

5. Describe the existing of certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

Response: Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each to 1 agency see patients in 11 of the 12 counties, according to the 2013 Joint Annual Reports (see *Attachment B.II.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. Attachment B.II.C.2 is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 60 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Please see *Attachment B.II.C.4*, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small, when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See *Attachment B.II.C.4.a*). Therefore, all 12 counties constitute our proposed service area.

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Further, the same report cited above (*Attachment B.II.C.5*) states:

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"In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that 'with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival."

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The only conclusion that can be reached by this article is that more awareness and more hospice providers with full time palliative physicians are needed.

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In fact, hospice care is primarily a Medicare-reimbursed service as evidenced by the following chart:

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Further, a 2011 publication by the Brookings Institute indicates that the over age 45 population grew 18 times as fast as the under age 45 population between 2000 and 2010, and that the fastest age 65+ growth in the nation is in the Sun Belt (See *Attachment B.II.C.5.a*).

It is very important to understand the statistical parameters involved with this project. In 2013, 1,172 hospice patients were seen in the 12 county service area. The Applicant anticipates seeing only 60 patients during the first year of operation, which represents a 5.1% actual increase in hospice patients seen in the area. Obviously, the approval of this project will have less of an effect – practically none at all – on the utilization of existing hospices than their own inability to provide hospice care.

Also, please note the following tables, which should indicate the level of commitment that existing hospice providers have in the 12 county service area.

Agency	# of Service Area Counties Served in 2013
Aseracare Hospice-McKenzie	7 of 12 Counties
Baptist Memorial HC &Hospice	2
The Highland Rim	3
Avalon Hospice	8
Caris Healthcare	7
Caris Healthcare	4
Henry Co. Medical Cntr Hospice	.1
Hospice of West Tennessee	5
Tennessee Quality Hospice	11
Legacy Hospice of the South	3
Magnolia Regional HCH	2
Unity Hospice Care of TN, LLC	8
Volunteer Hospice	3
Guardian Hospice	1
Willowbrook Hospice, Inc	1

County	# of Agencies that Served county in 2013		
Benton	6 of 15 Counties		
Chester	6		
Decatur	5		
Hardin	8		
Henderson	6		
Hickman	5		
Humphrey	6		
Lawrence	6		
Lewis	4		
McNairy	7		
Perry	3		
Wayne	4		

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology <u>must include</u> detailed calculations or documentation from referral sources, and identification of all assumptions.

Response: There is no historic utilization, as this application is for a new hospice agency. Anticipated utilization is based on the existing need for hospice care in the area, coupled with an estimate of increased market penetration based on consumer education about hospice care.

Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

In order to be referred to hospice care, each patient must be certified by his/her attending physician to have a condition that will most likely result in death within 6 months (120 days) of the diagnosis. Nationally, the ALOS for hospice patients was 71 days in 2009 (*Attachment B.II.C.7*).

The Applicant anticipates seeing 60 and 85 patients per year in Years 1 and 2, respectively.

ECONOMIC FEASIBILITY

- 1. Provide the cost of the project by completing the Project Costs Chart on the following page.

 Justify the cost of the project.
- -- All projects should have a project cost of at least \$3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)
- -- The cost of any lease should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater.
- The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.
- For projects that include new construction, modification, and/or renovation; documentation must be provided from a contractor and/or architect that support the estimated construction costs.

Response: The Project Costs Chart is completed. There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	Applicant	<u>Type</u>	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	\$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	\$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	\$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	\$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of \$92,250.00, excluding the minimum \$3,000.00 filing fee. Of that amount, \$30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at \$50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually \$12,500, which will be used for minimal office equipment.

PROJECT COSTS CHART

A.	Construction and equipment acquired by pure	chase.	
¥	 Architectural and Engineering Fees Legal, Administrative (Excluding CON) Acquisition of Site Preparation of Site Construction Costs Contingency Fund Fixed Equipment (Not included in Construction) Moveable Equipment (List all equipment over) Other (Specify) 	n Contract)	12,500
		Subsection A Total	62,500
В.	Acquisition by gift, donation, or lease.		
	 Facility (Inclusive of Building and Land) Building Only Land Only Equipment (Specify)) (FMV)	30,000
	5. Other (Specify)		
		Subsection B Total	30,000
C.	Financing costs and fees 1. Interim Financing 2. Underwriting Costs 3. Reserve for One Year's Debt Service 4. Other (Specify)		
		Subsection C Total	0
D.	Estimated Project Cost (A + B + C)		\$ 92,500.00
E.	CON Filing Fee		\$ 3,000.00
F.	Total Estimated Project Cost (D + E)	TOTAL	\$ 95,500,00

2. Identify the funding sources for this project	2.	Identify	the fu	nding	sources	for	this	project
--	----	-----------------	--------	-------	---------	-----	------	---------

а.	financed.	(Documentation for the type of funding MUST be inserted at the end of the application, rect alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)
	A.	Commercial loanLetter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
	В.	Tax-exempt bondsCopy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
	C.	General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.
	D.	GrantsNotification of intent form for grant application or notice of grant award; or
X	E.	Cash ReservesAppropriate documentation from Chief Financial Officer.
	F.	Other—Identify and document funding from all other sources.

Response: This project will be financed by the Owner of the Applicant. A copy of the Applicant's bank account, committed to this project, shows that sufficient funds are available for implementation of this project (see *Attachment C.EF.2*).

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

Response: The Project Costs Chart is completed. There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	<u>Applicant</u>	Type	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	\$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	\$168,900	1
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This application is to provide hospice services to 12 counties, with a Project Cost of \$92,250.00, excluding the minimum \$3,000.00 filing fee. Of that amount, \$30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at \$50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually \$12,500, which will be used for minimal office equipment.

The Applicant anticipates charging approximately \$163.49 per day. The existing Medicare per diem rate is approximately \$156.26.

As reported in the 2010 Edition of "Hospice Care in America, by the National Hospice and Palliative Care Organization (NHPCO), included with this application as *Attachment B.II.C.5*:

"Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period of time."

Further, the same report cited above (Attachment B.II.C.5) states:

"Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.

"In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that 'with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival."

That same New England Journal of Medicine article stated that:

"...getting early palliative care — in addition to regular medical treatment — helped people with lung cancer live three months longer, compared with those given standard care. In comparison, chemotherapy can give newly diagnosed lung cancer patients an extra two to three months of life," says study co-author Thomas Lynch, director of the Yale Cancer Center. "If this was a drug, this would be on the front page of every paper in the country, talking about 'New advance in lung cancer,' "Lynch says. But palliative care patients didn't just live longer. They also lived better, with less depression and a higher quality of life," he says.

The only conclusion that can be reached by this article is that more awareness and more hospice providers with full time palliative physicians are needed, and at present, only one existing hospice agency offers full time palliative physicians.

Therefore, this project is economically feasible.

4. Complete Historical and Projected Data Charts on the following two pages--Do not modify the Charts provided or submit Chart substitutions! Historical Data Chart represents revenue and expense information for the last three (3) years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the Proposal Only (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

Response: Historical and Projected Data Charts are completed. Please note that, as a new agency, there is no historical data.

HISTORICAL DATÁ CHART

	ive information for the last <i>three (3)</i> years for which complete he fiscal year begins in(month).	ete data are availa	ble for the facility	or agency.
R	esponse: Not applicable, as this is a new facility.			
9)	¥			
A.	Utilization/Occupancy Rate			
B,	Revenue from Services to Patients 1. Inpatient Services 2. Outpatient Services 3. Emergency Services 4. Other Operating Revenue (Specify)			
	Gross Operating Revenue	·	s a	VI.
C.	Deductions from Operating Revenue 1. Contractual Adjustments 2. Provision for Charity Care 3. Provision for Bad Debt			
	Total Deductions	5		
	NET OPERATING REVENUE	i <u>n</u>	2	
D.	Operating Expenses 1. Salaries and Wages 2. Physician's Salaries and Wages 3. Supplies 4. Taxes 5. Depreciation 6. Rent 7. Interest, other than Capital 8. Other Expenses (Specify)			
	Total Operating Expenses			
E.	Other Revenue (Expenses)-Net (Specify)\		<u> </u>	Ā
	NET OPERATING INCOME (LOSS)	4		
F.	Capital Expenditures 1. Retirement of Principal 2. Interest			
	Total Capital Expenditure			ē
	NET OPERATING INCOME (LOSS) LESSCAPITAL EXPENDITURES	2		1

'PROJECTED DATA CHART

Give information for the two (2) years following the completion of this project. The fiscal year begins in January (month).

<u>Janu</u>	ary (month).	Yr-1	Table Yr-2
A.	Utilization/Occupancy (number of patients)	<u>60</u>	<u>85</u>
В.	Revenue from Services to Patients		t.
	1. Inpatient Services		
	2. Outpatient Services	716,057	1,017,080
	3. Emergency Services		
	4. Other Operating Revenue (Specify)		· · · · · · · · · · · · · · · · · · ·
	Gross Operating Revenue	716,057	1,017,080
C_{*}	Deductions from Operating Revenue		
	1. Contractual Adjustments		
	2. Provision for Charity Care	35,803	50,854
	3. Provision for Bad Debt	21,482	30,512
	Total Deductions	57,285	81,366
	NET OPERATING REVENUE	658,772	935,714
D.	Operating Expenses		
	1. Salaries and Wages	298,680	379,320
	2. Physician's Salaries and Wages (Contracted)	48,000	60,000
	3. Supplies	3,600	6,000
	4. Taxes	83,630	106,210
	5 . Depreciation	600	600
	6. Rent	6,600	6,600
	7. Interest, other than Capital		
	8. Management Fees		
	a. Fees to Affiliates		
	b. Fees to Non-Affiliates		-
	9. Other Expenses (Specify)	119,330	148,120
	Total Operating Expenses	560,440	706,850
E.	Other Revenue (Expenses)-Net (Specify)		
	NET OPERATING INCOME (LOSS)	98,332	228,864
F.	Capital Expenditures		
	Retirement of Principal		
	2. Interest (on Letter of Credit)		
	Total Capital Expenditure		-
	NET OPERATING INCOME (LOSS) LESS		
	CAPITAL EXPENDITURES	00.222	220.074
	42	98,332	228,864

OTHER EXPENSES

PROJECTED DATA CHART

Total	\$119,330	\$148,120
Biohazard Waste Services		
Utilities		
Travel		
Subscriptions & Dues		
Repairs		
Rental Equipment		
Postage and Freight		
Marketing		
Insurance		
IT Services		
- C	\$	\$
Item D 9 Other Expenses Accounting	<u>Year 1</u>	Year

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

Response: The Applicant anticipates charging approximately \$163.49 per day. The existing Medicare per diem rate is approximately \$156.26.

Average per diem charges are:

Gross	\$163.49
Deductions	\$ 13.08
Net	\$150.41

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

Response: There are no current charges. The Applicant anticipates charging approximately \$163.49 per day. The existing Medicare per diem rate is approximately \$156.26.

Average per diem charges are:

Gross	\$163.49
Deductions	\$ 13.08
Net	\$150.41

The average gross per diem for the 15 existing hospice agencies licensed to provide care in our proposed service area was \$137 in 2013 (See *Attachment C.EF.6.B*). However, the Medicare per diem rate has increased since that time.

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Response: The Applicant anticipates charging approximately \$163.49 per day. The existing Medicare per diem rate is approximately \$156.26.

Average per diem charges are:

Gross	\$163.49
Deductions	\$ 13.08
Net	\$150.41

The average gross per diem for the 15 existing hospice agencies licensed to provide care in our proposed service area was \$137 in 2013 (See *Attachment C.EF.6.B*). However, the Medicare per diem rate has increased since that time.

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

Response: The Projected Data Chart indicates sufficient income to maintain cost-effectiveness, with a positive cash flow in both years. Obviously, income is dependent upon rendering services to a sufficient number of patients. As the Applicant's Owner has been in business for many years in auxiliary health, the Applicant is familiar with the provision of hospice care, and feels comfortable with the projections.

Further, since the need for hospice care is increasing and the number of elderly is increasing at a statistically higher rate than the general population, there will be a continuing need for the care proposed in this application.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

Response: The Projected Data Chart indicates sufficient income to maintain cost-effectiveness, with a positive cash flow in both years. Obviously, income is dependent upon rendering services to a sufficient number of patients. As the Applicant's Owner has been in business for many years in auxiliary health, the Applicant is familiar with the provision of hospice care, and feels comfortable with the projections.

Further, since the need for hospice care is increasing and the number of elderly is increasing at a statistically higher rate than the general population, there will be a continuing need for the care proposed in this application.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

Response: The hospice will participate in Medicare and TennCare.

The Applicant anticipates 70% of its patients will be Medicare patients. With Net Operating Revenue of \$658,772 anticipated in Year 1, the impact on Medicare will be \$461,141 (Net times 70%).

The Applicant anticipates 23% of its patients will be Medicaid/TennCare patients. With Net Operating Revenue of \$658,772 anticipated in Year 1, the impact on Medicaid approximates \$45,456 (Net times 23% times 30% state share).

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

Response: As this is a new project, there are no balance sheets and income statements.

Attachment C.EF.2 provides financial information concerning the Owner of the Applicant.

- 11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:
 - a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

Response: There are few alternatives to providing hospice care — you either do or you don't. Therefore, this response will center on alternative measures of providing needed hospice care that the Applicant considered prior to filing this application.

Maintaining status quo is always an option, but doing so would not close the gap between the number of people needing hospice care and the number of people receiving hospice care. Therefore, this alternative was rejected.

The unique guidelines that have been adopted for hospice care seem to indicate that there should be an actual need for additional hospice care *in each proposed county* prior to filing a CON application. As *Attachment B.II.C.4* indicates, there are "pockets" of the State where certain counties continue to show a statistical need for additional hospice care. The fact is that following the letter of the guidelines would result in a fragmented hospice provider system. For example, there is one area of the state (in South Central Tennessee) where two rural counties still show a need for hospice care, but it would be impractical (both financially and administratively) for an applicant to request just those two counties.

Thus, the alternative of applying for just those 6 counties in our service area that show a statistical need was deemed impractical and was discarded. Obviously, the only other alternative, which is waiting on existing agencies to start providing care in those counties, was also discarded.

b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

Response: Not applicable as to construction since none is involved in this project.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

Response: There are no existing contractual and/or working relationships. However, the Applicant will pursue such relationships with area providers upon approval of this CON application.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

Response: The approval of this project will only result in positive outcomes. Since existing hospice agencies are not providing care to the statistically-expected number of patients in the proposed service area, this project will have a positive effect on the health care system.

It is very important to understand the statistical parameters involved with this project. In 2013, 1,172 hospice patients were seen in the 12 county service area. The Applicant anticipates seeing only 60 patients during the first year of operation, which represents a 5.1% actual increase in hospice patients seen in the area. Obviously, the approval of this project will have less of an effect – practically none at all – on the utilization of existing hospices than their own inability to provide hospice care.

Also, please note the following tables, which should indicate the level of commitment that existing hospice providers have in the 12 county service area.

Agency	# of Service Area Counties Served in 2013
Aseracare Hospice-McKenzie	7 of 12 Counties
Baptist Memorial HC &Hospice	2
The Highland Rim	3
Avalon Hospice	8
Caris Healthcare	7
Caris Healthcare	4
Henry Co. Medical Cntr Hospice	1
Hospice of West Tennessee	5
Tennessee Quality Hospice	11
Legacy Hospice of the South	3
Magnolia Regional HCH	2
Unity Hospice Care of TN, LLC	8
Volunteer Hospice	3
Guardian Hospice	1
Willowbrook Hospice, Inc	1

County	# of Agencies that Served county in 2013
Benton	6 of 15 Counties
Chester	6
Decatur	5
Hardin	8
Henderson	6
Hickman	5
Humphrey	6
Lawrence	6
Lewis	4
McNairy	7
Perry	3
Wayne	4

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

Response: There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	Year 1
Administrator	1.0
RNs	3.0
LPNs	3.0
CNA	6.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	\$22
LPN	\$18
CNA	\$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

Response: The Applicant does not anticipate any problems in securing nursing staff for this new hospice agency. In addition to the high unemployment rate experienced in most of the counties, area schools continue to train appropriate personnel. Nashville Technology School of Nursing and Nurse Aide Training Services (NATS) continue to provide nurse graduates.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review policies and programs, record keeping, and staff education.

Response: The Applicant is familiar with all licensing certification requirements for medical/clinical staff.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

Response: The Applicant is committed to implementing the training of nursing personnel and related allied health care workers. Therefore, the approval of this Application will support the development, recruitment, and retention of a sufficient and quality health care workforce.

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

Response: The Applicant is familiar with all licensure requirements of the regulatory agencies of the State.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Response:

Licensure:

Tennessee Department of Health

Accreditation:

Medicare, Medicaid/TennCare

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

Response: Not applicable.

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Response: Not applicable.

	*
8.	Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.
Respo	onse: There have been no final orders or judgments as are contemplated by this question.
	*
9.	Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project
Respo	nse: There have been no final orders or judgments as are contemplated by this question.
10.	If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.
Respo	nse: The Applicant will provide all data contemplated by this question.
	- X

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

Response: Please see attached tear sheets from the newspapers.

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

- 1. Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- 2. If the response to the preceding question indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph, please state below any request for an extended schedule and document the "good cause" for such an extension.

Form HF0004 Revised 05/03/04 Previous Forms are obsolete

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in Rule 68-11-1609(c): 08/20 14.

Assuming the CON approval becomes the final agency action on that date; indicate the number of day from the above agency decision date to each phase of the completion forecast.

<u>PI</u>	nase	DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1.	Architectural and engineering contract signed	<u> </u>	V
2.	Construction documents approved by the Tennessee Department of Health		
3.	Construction contract signed	1	-
4.	Building permit secured	2	-
5.	Site preparation completed		.
6.	Building construction commenced		
7.	Construction 40% complete		
8.	Construction 80% complete		·
9.	Construction 100% complete (approved for occupancy		
10.	*Issuance of license	60	10/2014
11.	*Initiation of service	30	11/2014
12.	Final Architectural Certification of Payment		
13.	Final Project Report Form (HF0055)		b.

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

^{*} For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

<u>E. Graham Baker, Jr.</u>, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Enahan Sahan, ATTORNEY AT COM SIGNATURE/TITLE

Sworn to and subscribed before me this 14th day of April, 2014 a

Notary Public in and for the County/State of <u>Davidson/Tennessee</u>.

NOTARY PUBLIC

My commission expires July, 3, 2017.



STATE OF TENNESSEE

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

RESIDENTIAL HOSPICE SERVICES AND HOSPICE SERVICES

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applications seeking to provide Residential Hospice and Hospice services. Existing providers of Residential Hospice and Hospice services are not affected by these standards and criteria unless they take an action that requires a new certificate of need (CON) for Residential Hospice and/or Hospice services.

These standards and criteria are effective immediately as of May 23, 2013, the date of approval and adoption by the Governor of the State Health Plan changes for 2013. Applications to provide Residential Hospice and/or Hospice services that were deemed complete by HSDA prior to this date shall be considered under the Guidelines for Growth, 2000 Edition.

Definitions Applicable to both Residential Hospice Services and Hospice Services

1. "Deaths" shall mean the number of all deaths in a Service Area less the number of reported accidental, motor vehicle, homicide, suicide, infant, neonatal, and post neonatal deaths in that Service Area, as reported by the State of Tennessee Department of Health.

Response: As indicated on Attachment B.II.C.4, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

2. "Residential Hospice" shall have that meaning set forth in Tennessee Code Annotated Section 68-11-201 or its successor.

Response: Not applicable.

3. "Hospice" shall refer to those hospice services not provided in a Residential Hospice Services facility.

Response: This application is for hospice services not provided in a Residential Hospice Services facility.

4. "Total Hospice" shall mean Residential and Hospice Services combined.

Response: Not applicable.

STANDARDS AND CRITERIA APPLICABLE TO BOTH RESIDENTIAL AND HOSPICE SERVICES APPLICATIONS

1. Adequate Staffing: An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed Service Area. In this regard, an applicant should demonstrate its willingness to comply with the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization

Response: The Applicant does not anticipate any problems in securing nursing staff for this new hospice agency. In addition to the high unemployment rate experienced in most of the counties, area schools continue to train appropriate personnel. Nashville Technology School of Nursing and Nurse Aide Training Services (NATS) continue to provide nurse graduates.

¹ The Division recognizes the current Guidelines for Growth's statement that "the purpose of residential hospice facilities is not to replace home care hospice services, but rather to provide an option to those patients who cannot be adequately cared for in the home setting." The Division also recognizes that Residential Hospice and Hospice providers may in fact provide the same services.

There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	Year 1
Administrator	1.0
RNs	3.0
LPNs	3.0
CNA	6.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	\$22
LPN	\$18
CNA	\$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

2. Community Linkage Plan: The applicant shall provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application shall detail specific instances of unmet need for hospice services.

Response: There are no existing contractual and/or working relationships. However, the Applicant will pursue such relationships with area providers upon approval of this CON application.

3. **Proposed Charges:** The applicant shall list its benefit level charges, which shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.

Response: The Applicant anticipates charging approximately \$163.49 per day. The existing Medicare per diem rate is approximately \$156.26.

Average per diem charges are:

Gross \$163.49
Deductions \$13.08
Net \$150.41

The average gross per diem for the 15 existing hospice agencies licensed to provide care in our proposed service area was \$137 in 2013 (See Attachment C.EF.6.B). However, the Medicare per diem rate has increased since that time.

4. Access: The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

Response: The Applicant is willing and eager to serve patients in the entire proposed Service Area.

- 5. **Indigent Care.** The applicant should include a plan for its care of indigent patients in the Service Area, including:
 - a. Demonstrating a plan to work with community-based organizations in the Service Area to develop a support system to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services.
 - b. Details about how the applicant plans to provide this outreach.
 - c. Details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

Response: The Applicant has allocated approximately 5% of Gross Revenue to Charity Care. Considering the fact that hospice care is generally a Medicare program (which is reimbursed), and the Applicant anticipates only 7% private pay, the Charity Care allowance should be sufficient.

6. Quality Control and Monitoring: The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensing survey.

Response: The Applicant will comply with all reporting requirements of the State.

7. **Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

Response: The Applicant will comply with all reporting requirements of the State.

8. **Education.** The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.

Response: The Applicant plans to implement training and educational programs with area providers, especially hospital social workers and discharge planners, and local physicians in all of the service area.

RESIDENTIAL HOSPICE SERVICES

DEFINITIONS

9. "Service Area" shall mean the county or contiguous counties represented on an application as the reasonable area in which a health care institution intends to provide Residential Hospice Services and/or in which the majority of its service recipients reside. A radius of 50 miles and/or a driving time of up to 1 hour from the site of the residential hospice services facility may be considered a "reasonable area;" however, full counties shall be included in a Service Area. Only counties with a Hospice Penetration Rate that is less than 80 percent of the Statewide Median Hospice Penetration Rate may be included in a proposed Service Area.

Response: The Applicant is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Please see Attachment B.II.C.4, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a

need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "…reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See Attachment B.II.C.4.a). Therefore, all 12 counties constitute our proposed service area.

10. "Statewide Median Hospice Penetration Rate" shall mean the number equal to the Hospice Penetration Rate (as described below) for the median county in Tennessee.

Response: As indicated on *Attachment B.II.C.4*, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

NEED

11. **Need Formula.** The need for Residential Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate

Where:

A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health;

and

B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate; further, existing Residential Hospice Services

providers in a proposed Service Area must show an average occupancy rate of at least 85%.

The following formula to determine the demand for additional hospice service recipients shall be applied to each county included in the proposed service area, and the results for each county's calculation should be aggregated for the proposed service area:

(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B

Response: As indicated on *Attachment B.II.C.4*, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

OTHER RESIDENTIAL HOSPICE SERVICES STANDARDS, AND CRITERIA

12. **Types of Care.** An applicant should demonstrate whether or not it will have the capability to provide general inpatient care, respite care, continuous home care, and routine home care to its patients. If it is not planning to provide one or more of these listed types of care, the applicant should explain why.

Response: The Applicant initially anticipates providing only routine hospice care. As the program increases, additional services are planned such as respite care, etc.

13. Expansion from Non-Residential Hospice Services. An applicant for Residential Hospice Services that provides Hospice Services should explain how the Residential Hospice Services will maintain or enhance the Hospice Services' continuum of care to ensure patients have access to needed services.

Response: Not applicable.

HOSPICE SERVICES

DEFINITIONS

14. "Service Area" shall mean the county or contiguous counties represented on an application as the area in which an applicant intends to provide Hospice Services and/or in which the majority of its service recipients reside. Only counties with a Hospice Penetration Rate that is less than 80 percent of the Statewide Median Hospice Penetration Rate may be included in a proposed Service Area.

Response: The Applicant is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Please see Attachment B.II.C.4, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See Attachment B.II.C.4.a). Therefore, all 12 counties constitute our proposed service area.

15. "Statewide Median Hospice Penetration Rate" shall mean the number equal to the Hospice Penetration Rate (as described below) for the median county in Tennessee.

Response: As indicated on *Attachment B.II.C.4*, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

<u>NEED</u>

16. **Need Formula.** The need for Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate

Where:

A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health;

and

B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate and if there is a need shown for at least 120 additional hospice service recipients in the proposed Service Area.

The following formula to determine the demand for additional hospice service recipients shall be applied to each county, and the results should be aggregated for the proposed service area:

(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B

Response: As indicated on *Attachment B.II.C.4*, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

Rationale for Revised and Updated Standards and Criteria for Hospice Services

Definitions

Deaths. The Division of Health Planning patterns its need formula off the Kentucky certificate of need formula that takes into account all deaths, instead of using a type of cancer death weighted formula that appeared in the Guidelines for Growth. Cancer patient utilization of hospice services has lessened in relation to non-cancer patients, while the utilization of hospice services continues to grow.

Residential Hospice and Hospice. The Division recognizes that residential hospice services and hospice services are able to perform the same level of services and has thus not distinguished between the need for hospice services based on the two types of service providers. However, certain standards, such as service area, provide for a difference in consideration of an application.

Standards and Criteria

Quality of Care: Providing for adequate and qualified staffing is an important part of providing quality care to patients, and is one of the State Health Plan's Principles for Achieving Better Health. A community linkage plan that assures continuity of care also falls within this Principle. Letters from physicians in support of an application shall detail specific instances of unmet need for hospice services. Quality improvement, data reporting, and outcome and process monitoring fall under this Principle as well, as does accreditation of the hospice service program. Finally, it should be noted that Medicare currently requires all four levels of hospice care for reimbursement (which also supports the third Principle regarding Economic Efficiencies, below).

Access: The second Principle for Achieving Better Health in the State Health Plan focuses on access to care. Accordingly, the applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification and provide a plan for its care of indigent patients. As well, in addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

Economic Efficiencies: The third Principle for Achieving Better Health focuses on encouraging economic efficiencies in the health care system. The new standards and criteria provide that the applicant's proposed charges shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas. Educating the health care community on hospice services also falls within this Principle; the education component also addresses the last Principle of recruiting, developing and retaining a sufficient qualified health care workforce.

Data Needs. The Division recognizes that Hospice patients known as "general inpatients" receive Hospice services in locations other than their homes, such as nursing homes and

hospitals, and that these patients are not separately identified on the Joint Annual Report. The Division is hoping to correct this omission in the future to better account for the total utilization of Hospice services.

Page 1 of 2

CHARTER FOR-PROFIT CORPORATION (ss-4417)

Attachment A.4



Division of Business Services Tre Hargett, Secretary of State State of Tennessee

> 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102 (615) 741-2286

> > Filing Fee: \$100

For Office Use Only

Control# 000712980 FILED: Mar 14, 2013 6:06PM DLN # A0162-0251.001 Tre Hargett, Secretary of State

The undersigned, acting as incorporator(s) of a for-profit corporation under the provisions of the Tennessee Business Corporation Act, adopt the following Articles of Incorporation.			
1. The name of the corporation is: HOSPICE ALPHA INC (Note: Pursuant to the provisions of T.C.A. §48-14-101(a)(1), each corporation name must contain the words corporation, incorporated, or company or the abbreviation corp., inc., or co.)			
2. Name Consent: (Written Consent for Use of Indistinguishable Name) This entity name already exists in Tennessee and has received name consent from the existing entity.			
3. This company has the additional designation of:			
4. The name and complete address of its initial registered agent and office located in the BEATRICE NKOLI MBONU STE 209 2131 MURFREESBORO PIKE NASHVILLE, TN 37217-6306	State of Tennessee is: DAVIDSON COUNTY		
5. Fiscal Year Close Month: December Period of Duration: Perpetual			
6. If the document is not to be effective upon filing by the Secretary of State, the delayed (none) (Not to exceed 90 days)	l effective date and time is:		
7. The corporation is for profit.			
8. The number of shares of stock the corporation is authorized to issue is: 1			
9. The complete address of its principal executive office is: STE 209 2131 MURFREESBORO PIKE NASHVILLE, TN 37217-6306	DAVIDSON COUNTY		

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

CHARTER FOR-PROFIT CORPORATION (ss-4417)



The name of the corporation is: HOSPICE ALPHA INC

Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee

312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102 (615) 741-2286

Filing Fee: \$100

For Office Use Only

Control # 000712980 FILED: Mar 14, 2013 6:06PM DLN # A0162-0251.002 Tre Hargett, Secretary of State

		<u> </u>	
10. The complete of STE 209 2131 MURFREE NASHVILLE, TN	ESBORO PIKE	(if different from the principal office) is:	
11. List the name	and complete address of eac	ch Incorporator:	
Title	Name	Business Address	City, State, Zip
Incorporator	BEATRICE N MBONU	2131 MURFREESBORO PIKE STE 209	NASHVILLE, TN 37217
41			d delication of the second
12. Professional Corporation: (required if the additional designation of "Professional Corporation" is entered in section 3.) Licensed Profession: 13. Other Provisions:			
(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)			
Mar 14, 2013 6:0	6PM	Electronic	
Signature Date	¥	Incorporator's Signature	
		Incorporator's Name (printed or typed)	



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE. 6th FL Nashville, TN 37243-1102

HOSPICE ALPHA INC **STE 209** 2131 MURFREESBORO PIKE NASHVILLE, TN 37217-6306

March 14, 2013

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control #:

712980

Formation Locale:

TENNESSEE

Filing Type:

Corporation For-Profit - Domestic

Date Formed:

03/14/2013

Filing Date:

03/14/2013 6:06 PM

Shares of Stock:

1

Status:

Active

Fiscal Year Close:

12

Duration Term:

Perpetual

Annual Report Due: 04/01/2014

Business County:

DAVIDSON COUNTY

Image #:

A0162-0251

Document Receipt

Receipt #: 956057

\$104.25

Payment-Credit Card - TennesseeAnytime Online Payment #: 149350259

\$104.25

Registered Agent Address:

BEATRICE NKOLI MBONU

STE 209

2131 MURFREESBORO PIKE.

NASHVILLE, TN 37217-6306

Principal Address:

STE 209

2131 MURFREESBORO PIKE

Filing Fee:

NASHVILLE, TN 37217-6306

Congratulations on the successful filing of your Charter for HOSPICE ALPHA INC in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Visit the TN Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Secretary of State



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Filing Information

Name:

HOSPICE ALPHA INC

General Information

SOS Control #:

712980

Formation Locale: TENNESSEE

Filing Type:

Corporation For-Profit - Domestic

Date Formed:

03/14/2013

Filing Date:

Status:

03/14/2013 6:06 PM

Fiscal Year Close 12

Active

Duration Term:

Perpetual

Public/Mutual Benefit:

Mutual

Registered Agent Address

BEATRICE NKOLI MBONU

STE 209

2131 MURFREESBORO PIKE

NASHVILLE, TN 37217-6306

Principal Address

STE 209

2131 MURFREESBORO PIKE

NASHVILLE, TN 37217-6306

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed Filing Description	Image #
01/06/2014 Mailing Address Update	A0207-0735
10/31/2013 Mailing Address Update	A0203-1514
03/14/2013 Initial Filing	A0162-0251
Active Assumed Names (if any)	Date Expires

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Corporations

Motor Vehicle Temp Liens | Summons

Trademarks

Workers' Comp Exemption | More Services

Business Services Online > Search Business Information > Business Entity Detail

Business Entity Detail

Entity details cannot be edited. This detail reflects the current state of the filing in the system.

Actions Available For This Entity:

File Annual Report

Update Mailing Address

Certificate of Existence

Change Registered Agent

Printer Friendly Version

Return to the Business Information Search.

000712980: Corporation For-Profit - Domestic

Name: HOSPICE ALPHA INC

Status: Active

Formed In: TENNESSEE

Fiscal Year Close: December

Term of Duration: Perpetual

Principal Office: 2131 MURFREESBORO PIKE

NASHVILLE, TN 37217-6306 USA

Malling Address: 2131 MURFREESBORO PIKE

STE 203A

NASHVILLE, TN 37217-6306 USA

AR Exempt: No

Shares of Stock: 1

Initial Filing Date: 03/14/2013

Delayed Effective Date:

Obligated Member Entity: No

AR Due Date: 04/01/2014

Inactive Date:

Assumed Names

No Assumed Names Found...

History

Registered Agent

Expires

Division of Business Services 312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor Nashville, TN 37243 615-741-2286 Email | Directions | Hours and Holidays

Contact Us | Site Map | Web Policies | Disclaimer | Department of State | Tennessee.gov

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COMMERCIAL LEASE AGREEMENT (Single – Tenant Facilities)

ten	ficiency of which is hereby acknowledged, GRAHAM AND RICHARDSON PROPERTIES as ant (hereinafter referred to as "Tenant"), and HOSPICE ALPHA INC.
1 from	dlord (hereinafter referred to as "Landlord"), do hereby enter into this Lease Agreement ("Lease" or "Agreement") on this 8 day of
	LINDEN (City), Tennessee, 37096 (Zip), as recorded in PERRY County
nst	gister of Deeds Office, deed book(s) page(s), and/or trument no. and further described as: MERICAL BUILDING
"Pr	ether with all fixtures, landscaping, improvements, and appurtenances, all being hereinafter collectively referred to as the operty", as more particularly described in Exhibit "A", or if no Exhibit "A" is attached as is recorded with the Register of eds Office of the county in which the Property is located and is made a part of this Lease by reference.
	Term. The initial term of this Lease shall be for
	Possession. If Landlord is unable to deliver possession of the Property on the Commencement Date, rent shall be abated on a daily basis until possession is granted. If possession is not granted within fourteen (14) days from the Commencement Date, Tenant may terminate this Lease in which event Landlord shall promptly refund all payments and deposits to Tenant. The aforementioned remedies are the sole remedies recoverable from the Landlord for delays in delivery of possession to Tenant.
	Rent. Tenant shall pay base rent ("Base Rent") to Landlord without demand, deduction or setoff, in advance, payable as follows: \$300 PER MONTH FOR THE FIRST TWO MONTHS OF THE LEASE THEN \$400 PER MONTH FOR THEN REMAINING LEASE PERIOD.LEASE PERIOD WILL BEGIN APRIL 1, 2014 AND END OCTOBER 1,2014
	Rent shall be due, without notice or demand, on the first day of each month during the term of the Lease or any renewals or extensions thereof, at the address set forth in the Notice Section of this Lease (or at such other address as may be designated from time to time by Landlord in writing). If the Commencement Date begins on the second (2 nd) through the last day of any month, the Rent shall be prorated for that portion of the month and shall be paid at the time of leasing the Property. Tenant shall also pay additional rent ("Additional Rent") as may be provided elsewhere in this Lease. Such Additional Rent shall be paid in the same manner as the Base Rent. Base Rent and any Additional Rent shall be collectively referred to as "Rent".
	Late Payment; Service Charge for Returned Checks. Rent not paid in full by the fifth (5 th) day of the month shall be late. Landlord shall have no obligation to accept any Rent not received by the fifth (5 th) of the month. In the event a check is returned by the institution upon which it is drawn for any reason, Tenant shall pay a fee of \$\
•	Security Deposit. A. Security Deposit to be Held by Landlord or Broker. [Check one. The section not marked shall not be a part of

47 48 49		ndlord Holding Security Deposit. Tenant has paid to Landlord as security for Tenant's fulfillment of the conditions of this Lease a security deposit of Four Hundred Dollars
50		(\$ 400.00 in cash, money order and/or check ("Security Deposit").
51 52 53 54	(2)	Landlord shall deposit the Security Deposit in Landlord's general account with Landlord retaining the interest if the account is interest bearing. Tenant acknowledges and agrees that Landlord shall have the right to use such funds for whatever purpose Landlord sees fit, and such funds will not be segregated or set apart in any manner.
55 56 57	(3)	Tenant recognizes and accepts the risk of depositing the Security Deposit with Landlord. Tenant acknowledges that Tenant has not relied upon the advice of any Broker in deciding to pay such Security Deposit to Landlord. Landlord and Tenant acknowledge and agree that:
58		(a) Broker has no responsibility for, or control over, any Security Deposit deposited with Landlord;
59		(b) Broker has no ability or obligation to insure that the Security Deposit is properly applied or deposited;
60 61		(c) The disposition of the Security Deposit is the sole responsibility of Landlord and Tenant as herein provided; and
62 63 64		(d) Landlord and Tenant agree to indemnify and hold harmless Broker and Broker's affiliated licensees against all claims, damages, losses, expenses or liability arising from the handling of the Security Deposit by Landlord.
65 66 67 68 69 70 71 72 73 74 75 76	(4)	Landlord shall return Security Deposit to Tenant, after deducting any sum which Tenant owes Landlord hereunder, or any sum which Landlord may expend to repair Property arising out of or related to Tenant's occupancy hereunder, abandonment of the Property or default in this Lease (provided Landlord attempts to mitigate such actual damage), including but not limited to any repair, replacement, cleaning or painting of the Property reasonably necessary due to the negligence, carelessness, accident, or abuse of Tenant or Tenant's employees, agents, invitees, guests, or licensees. In the event Landlord elects to retain any part of the Security Deposit, Landlord shall promptly provide Tenant with a written statement setting forth the reasons for the retention of any portion of the Security Deposit, including the damages for which any portion of the Security Deposit is retained. The use and application of the Security Deposit by Landlord shall be at the discretion of the Landlord. Appropriation by Landlord of all or part of the Security Deposit shall not be an exclusive remedy for Landlord, but shall be cumulative, and in addition to all remedies of Landlord at law or under this Lease. The Tenant may not apply the Security Deposit to any Rent payment.
77	Br	oker Holding Security Deposit.
78	(1)	Tenant has paid to Broker(acting
79 80		as "Broker/Holder") located at
81		Deposit") Dollars (\$)
82		in □ cash, □ money order and/or □ check.
83 84 85 86 87 88	(2)	Broker/Holder shall deposit the Security Deposit in Broker/Holder's escrow/trust account (with retaining the interest if the account is interest bearing) within five (5) banking days from the Binding Agreement Date. In the event that Broker/Holder's escrow/trust account is interest bearing, interest on the Security Deposit shall be disbursed in the following manner:
89 90 91 92 93 94 95 96 97 98 99	(3)	The Broker/Holder shall disburse the Security Deposit only as follows: (a) upon the failure of the parties to enter into a binding lease; (b) upon a subsequent written agreement signed by all parties having an interest in the funds; (c) upon order of a court or arbitrator having jurisdiction over any dispute involving the Security Deposit; (d) upon a reasonable interpretation of this Agreement by Broker/Holder; (e) as provided in the General Provisions section below of this Paragraph; or (f) upon the termination of the agency relationship between Landlord and Broker/Holder, in which event Broker/Holder shall only disburse the Security Deposit to another licensed Tennessee Real Estate Broker selected by Landlord, unless otherwise agreed to in writing by Landlord and Tenant, after notice by Landlord to Broker/Holder and Tenant. Prior to disbursing the Security Deposit pursuant to a reasonable interpretation of this Agreement, Broker/Holder shall give all parties seven (7) days notice stating to whom and in what amounts the disbursement will be made. Any party may object in writing to the disbursement, provided the objection is received by the Broker/Holder prior to the end of the seven (7) day notice period. All objections not raised in a timely



 manner shall be waived. In the event a timely objection is made, Broker/Holder shall consider the objection and shall do any or a combination of the following: (a) hold the Security Deposit for a reasonable period of time to give the parties an opportunity to resolve the dispute; (b) disburse the Security Deposit and so notify all parties; and/or (c) interplead the Security Deposit into a court of competent jurisdiction. Broker/Holder shall be reimbursed from and may deduct for any funds interpleaded its costs and expenses, including reasonable attorney's fees. The prevailing party in the interpleader action shall be entitled to collect from the other party the costs and expenses reimbursed to Broker/Holder. No party shall seek damages from Broker/Holder (nor shall Broker/Holder be liable for the same) for any matter arising out of or related to the performance of Broker's/Holder's duties under this Security Deposit paragraph.

B. General Provisions Regarding Security Deposit.

- (1) In the event any Security Deposit check is not honored, for any reason, by the bank upon which it is drawn, the holder or Broker/Holder thereof shall promptly notify the other parties and Broker(s) to this Lease. Tenant shall have three (3) Business Days after notice to deliver good funds to the holder or Broker/Holder. In the event Tenant does not timely deliver good funds to the holder or Broker/Holder, the Landlord shall have the right to terminate this Agreement upon written notice to the Tenant.
- (2) The entire Security Deposit, if held by Landlord, will be returned to Tenant within thirty (30) days after the Property is vacated if:
 - (a) The term of the Lease has expired or the Lease has been terminated in writing by the mutual consent of both parties;
 - (b) All monies due under this Lease by Tenant have been paid;
 - (c) The Property is not damaged and is left in its original condition, normal wear and tear excepted;
 - (d) All keys have been returned; and
 - (e) Tenant is not in default under any of the terms of this Lease.
- 6. Repairs and Maintenance. Tenant acknowledges that Tenant has inspected the Property and that it is fit for its stated use as described herein. Tenant agrees that no representations regarding the Property or the condition thereof and no promises to alter, decorate, improve, or repair have been made by Landlord, Broker, or their agents unless specified in this Lease.

The following shall be kept in good working order and repair, normal wear and tear excepted, by either the Landlord or Tenant as follows [Check all that apply. The sections not marked shall not be part of this Agreement]:

L		11 /	1 3	0	
	TENANT	LANDLORD		TENANT	LANDLORD
Heating system		×	Elevators		
Plumbing system		×	Air conditioning system		×
Parking area			Electrical system/fixtures		×
Driveway			Exterior walkways		
Building exteriors		×	Interior hallways		
Smoke detector	×		Lobby		
Terrace/patio			Loading area		
Restrooms		×	Trash facilities		
Stairs			Landscaping		
Exterior windows		×	Roof		×
Security alarm	×		Other		

Any item not mentioned herein but existing on the Property (other than furniture, fixtures and equipment of Tenant) shall be maintained by \Box Landlord \mathbf{x} Tenant [Check one. The section not marked shall not be a part of this Agreement.]

Upon receipt of written notice from Tenant, Landlord shall, within a reasonable time period thereafter, repair all defects in those facilities and systems that are the responsibility of Landlord to maintain in good working order and repair. If Tenant does not promptly perform its maintenance and repair obligations as set forth herein, Landlord may make such repairs and/or replacements and supply Tenant with an invoice for said repairs and/or replacements. Tenant shall promptly pay the costs of the same within <u>5</u> days of receipt of invoice. Tenant waives any further notice of amount due for any repairs or replacements under this Lease. Landlord shall not be liable to Tenant for any damage caused by



151 152 153 154		skylight, vent, window willful misconduct of	v, or the like in Landlord. Tena	or about the Prop nt shall be respons	rater coming through or an erty, except if such dama, ible for the reasonable co nt's employees, agents, in	ge is due to the sts of repairs ma	gross negligence of the necessary by the
155 156	7.	Services. Landlord sh marked by Landlord sh	*	A	the following services [C.	heck all that app	ly. The sections no
157		□ General clean	ing and janitoria	l service of the inte	rior of the Property	times a week.	
158		□ Concierge sei	vice as follows:				
159		□ Parking attend	dant as follows:				
160							
161		□ Trash collecti	on service	times per week.			
162		□ Soap, paper to	owels, and toilet	tissue for rest room	s times per week.		
163 164		Replacement Property	of all light bulb	s and repair and r	naintenance of all light fi	xtures located in	n the interior of the
165		Other					
166 167 168 169 170 171		shall be responsible for Lease. Tenant agrees condition, and repair, provide such services a	r the costs and p to provide servic normal wear an and supply Tenan such services wi	provision of any services not provided by dear excepted. In the with an invoice of thin days of the services of the serv	dequate performance of solutions that Landlord has no Landlord that are necessar of Tenant does not provide for said repairs and/or replaceceipt of invoice. Tenant	ot expressly agre y to keep the Pro e such services, acements. Tenan	ed to pay for in this operty in good order Landlord may then it shall promptly pay
173 174	8.				ing the Property shall be p shall not be part of this Ag		Landlord or Tenan
175		UTILITY	TENANT	LANDLORD	UTILITY	TENANT	LANDLORD
176		Water	K		Sewer	×	
177		Electricity	×		Natural Gas	×	
178		Garbage	×		Cable Television	×	
179		Telephone	×		Internet Service	×	
180		Other					
181 182 183		Tenant must provide p at Landlord's option, p	roof of payment pay utilities and	of final bills for al	nat Landlord has not expre I utilities or services termi Cenant on the first of the f	nation (cutoff) si following month.	lips. Landlord may Landlord shall no

be liable for any interruptions or delays in the provision of utility services unless such interruptions or delays shall be caused by Landlord's gross negligence or willful misconduct.

- Termination / Holding Over. Either party may terminate this Lease at the end of the Term by giving the other party days written notice prior to the end of the Term. If neither party gives notice of termination, a Holding Over period shall result. Any Holding Over by the Tenant of the Property after the expiration of this Lease shall operate and be construed as a tenancy from month to month only with Base Rent in an amount equal to 100 % of the Base Rent payable in Paragraph 3 herein. All other terms of the Lease will remain in force, subject to the terms of this paragraph.
- 10. Sublet and Assignment. Tenant may not sublet the Property in whole or in part or assign this Lease without the prior written consent of Landlord. This Lease shall create the relationship of Landlord and Tenant between the parties hereto; no estate shall pass out of Landlord and this Lease shall create a usufruct only. In the event Landlord shall assign this Lease, the assignee thereof shall be responsible to timely pay Brokers all commissions and other sums owed to them hereunder.
- 11. Right of Access, Signage. Landlord and Landlord's agents shall have the right to access the Property for inspection, repairs and maintenance during reasonable hours. In the case of emergency, Landlord may enter the Property at any time to protect life and prevent damage to the Property. Landlord and/or Landlord's agents may place a "for rent" or "for sale" sign on the interior and exterior of the Property, and may show Property to prospective tenants or purchasers during reasonable hours. Tenant agrees to cooperate with Landlord, Landlord's agent and Brokers who may show the Property

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to prospective tenants and/or purchasers. Tenant shall secure valuables and agrees to hold Landlord and/or Landlord's agent and Brokers harmless for any loss thereof. For each occasion where the access rights described above are denied, Tenant shall pay Landlord the sum of \$ 100 as liquidated damages; it being acknowledged that Landlord shall be damaged by the denial of access, that Landlord's actual damages are hard to estimate, and that the above amount represents a reasonable pre-estimate of Landlord's damages rather than a penalty.

Without Landlord's prior written permission, Tenant shall not place any sign, advertising matter, or any other things of any kind on any part of the outside walls or roof of the Property or on any part of the interior of the Property that is visible from the exterior of the Property. Tenant shall maintain all such permitted signs, advertising matter, or any other thing of any kind in good condition and repair. Tenant agrees to remove at its cost all such permitted signs, advertising matter, or any other things of any kind at the end of this Lease. Landlord shall have the right to remove prohibited signs, advertising matter or any other things of any kind at the expense of the Tenant.

12. Use. The Property shall only be used for the purposes set out as follows: HEALTH CARE FACALITY

The Property shall be used so as to comply with all federal, state, county, and municipal laws and ordinances and any applicable rules and regulations. Tenant shall not use or permit the Property to be used for any disorderly or unlawful purpose; nor shall Tenant engage in any activity on the Property which would endanger the health and safety of others or which otherwise creates a nuisance.

13. Property Loss. Storage of personal property by Tenant shall be at Tenant's risk and Landlord shall not be responsible for any loss or damage. Tenant shall be responsible to insure Tenant's personal property against loss or damage. Landlord shall not be responsible for any damage to Tenant's property, unless such damage is caused by Landlord's gross negligence or willful misconduct.

14. Default.

- A. Failure to pay Rent or Failure to Reimburse Landlord for damages or costs. If Tenant fails to pay Rent or fails to reimburse Landlord for any damages, repairs or costs when due, Tenant shall be deemed to be in default and Landlord shall have the right to terminate this Lease by giving fifteen (15) days written notice to Tenant and to accelerate all remaining payments that Tenant is required to pay under this Lease. These payments shall be due and payable fifteen (15) days after Tenant receives the aforementioned notice. Landlord and Tenant acknowledge that Landlord shall be damaged by Tenant's default, that Landlord's actual damages are hard to estimate, and that the above amount represents a reasonable pre-estimate of Landlord's damages rather than a penalty. If Landlord accelerates as provided in this subparagraph, it shall seek another tenant for the Property and credit any amounts received to the Tenant, less the following:
 - (1) reimbursement for all expenses incurred as a result of Tenant's failure to perform its obligations under the Lease;
 - (2) the costs of securing another tenant, including, but not limited to, advertising and brokerage commissions; and
 - (3) the costs of altering, dividing, painting, repairing, and replacing the Property to accommodate a new tenant.

Landlord's rights expressed herein are cumulative of any and all other rights expressed in this Lease. Tenant shall remain liable for Rent from and after any action by Landlord under a proceeding against Tenant for Holding Over or detainer warrant, whether or not Tenant retains the right to possession of the Property.

- B. Cure Period. If Tenant defaults under any term, rule, condition or provision of this Lease, excluding failure to pay Rent or failure to reimburse Landlord for any damages, repairs or costs when due, Landlord shall provide Tenant with written notice of the breach. Tenant shall have _5_ Business Days ("Cure Period") within which Tenant may cure said breach. In the event that Tenant has not cured the breach within the Cure Period, Landlord may, at his option, terminate this Lease by delivering written notice thereof to Tenant and pursue any remedies available herein or available to Landlord at law. In the event that Tenant cures the breach during the aforementioned Cure Period, a second violation of this Agreement within _1_ months shall be grounds for the Landlord to terminate this Lease by providing written notice without an additional Cure Period.
- C. All rights and remedies available to Landlord by law or in this Lease shall be cumulative and concurrent.
- D. In the event that either Tenant or Landlord hereto shall file suit for breach or enforcement of this Agreement, the prevailing party shall be entitled to recover all costs of such enforcement, including reasonable attorney's fees in addition to any other remedies available herein or permitted by law.

252	15. R	ules and Regulations.
253	Α	. Tenant is prohibited from adding, changing or in any way altering locks installed on the doors of Property withou
254		prior written permission of Landlord. If all keys to the Property are not returned when Tenant vacates the Property
255		Landlord may charge a re-key charge in the amount of \$50
256	В	. Non-operative vehicles are not permitted on the Property. Any such non-operative vehicle may be removed by
257		Landlord at the expense of Tenant, for storage or for public or private sale as permitted by applicable law, and

- Landlord at the expense of Tenant, for storage or for public or private sale as permitted by applicable law, and Tenant shall have no right or recourse against Landlord thereafter.
- C. No goods or materials of any kind or description which are combustible or would increase fire risk shall be kept in or placed on the Property (except for goods and materials typically found in a general office use provided that the same are limited in quantity to that normally found in such use).
- D. No nails, screws or adhesive hangers except standard picture hooks, shade brackets and curtain rod brackets may be placed in walls, woodwork or any part of the Property.
- E. Tenant shall not place any objects or personal property on the Property in a manner that is inconsistent with the load limits of the Property. Tenant shall consult Landlord before placing any heavy furniture, file cabinets, or other equipment in the Property.
- F. If Landlord provides electricity and/or natural gas hereunder, Landlord shall provide heating and air conditioning to the Property between a.m. and p.m., Monday through Friday (excluding Holidays); between __ p.m., Saturday; and between _____ a.m. and __ _ p.m. Sunday as a.m. and ___ applicable. Tenant shall notify Landlord by 4:00 p.m. of the preceding business day of any requests for overtime heating and air conditioning. Landlord may charge Tenant its reasonable costs of providing such overtime heating and air conditioning.
- G. Tenant shall not, without Landlord's prior consent, use any equipment which uses electric current in excess of 110 volts, which will increase the amount of electricity ordinarily furnished for use of the Property as herein designated, or which requires clean circuits or other distribution circuits.
- H. Landlord may establish additional reasonable Rules and Regulations concerning the maintenance, use, and operation of the Property. A copy of any current additional Rules and Regulations are attached in Exhibit ____ and are a part of this Lease. Amendments and additions to the Rules and Regulations shall be effective upon delivery of a copy thereof to Tenant and do not require Tenant's signature to be effective.

16. Abandonment or Vacating the Property.

- A. Abandonment. If Tenant removes or attempts to remove personal property from the Property other than in the usual course of continuing occupancy, without having first paid Landlord all monies due, the Property may be considered abandoned. In the event of abandonment, Landlord shall have the right to terminate the Lease.
- B. Vacating Premises. If Tenant removes personal property from the Property and/or ceases to do business at the Property before the termination of this Lease and any extensions thereof, Tenant shall be in default of this Lease. Landlord shall then have the right to exercise any of his remedies as contained herein or as available at law.
- 17. Estoppel Certificate. Tenant shall, from time to time, upon Landlord's request execute, acknowledge, and deliver to Landlord, within ten (10) days of such request, a certificate certifying: (a) that this Lease is unmodified and in full force and effect (or if there has been modification thereof, that the same is in full force and effect as modified and stating the nature thereof); (b) that to the best of its knowledge there are no uncured defects on the part of the Landlord (or if any such defaults exist, a specific description thereof); (c) the date to which any Rents or other charges have been paid in advance; and (d) any other reasonable matters requested by Landlord. Landlord and any prospective purchaser or transferee of Landlord's interest hereunder or any then existing or prospective mortgagee or grantee of any deed to secure debt may rely on such certificates.
- 18. Alteration and Improvements. Tenant shall not make or allow to be made any alterations, physical additions, or improvements in or to the Property without first obtaining Landlord's prior written consent. Landlord may grant or withhold such consent within its reasonable discretion and may impose reasonable discretion upon its consent. All costs of any such alteration, addition, or improvement shall be borne by Tenant, unless otherwise agreed in writing. The provisions of the Work Letter, attached hereto as Exhibit _____ and a part of this Lease, shall govern any alterations or improvements to be performed prior to the Commencement Date of this Lease. Upon the Expiration Date of this Lease and any renewal terms or Hold Over periods, Tenant agrees to return the Property, at Landlord's sole discretion, in its original condition, normal wear and tear excepted.

19. Destruction of Property.

A. If earthquake, fire, storm, or other casualty shall totally destroy (or so substantially damage as to be untenantable) the Property, Rent shall abate from the date of such destruction. Landlord, at his sole discretion, shall have the right

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306 307			to determine whether restoration of the Property will be undertaken. Landlord shall have x <u>sixty (60) days</u> OR days from date of destruction to provide notice to Tenant as to whether restoration shall be undertaken.
308 309 310 311			If restoration shall not be undertaken, Landlord shall give Tenant K thirty (30) days OR days written notice of Termination whereupon Rent and all other obligations herein shall be adjusted between the parties as of the date of such destruction. If restoration shall be commenced, the restoration of the Property to a tenantable condition shall be completed within one hundred eighty (180) days from the date of destruction.
312 313			In the event the Landlord elects to complete such restoration, but fails to do so within one hundred eighty (180) days following such destruction, this Lease shall be terminated unless otherwise agreed to by the parties in writing.
314 315 316 317 318 319			In the event that Landlord determines that restoration cannot be completed as above, Landlord may, at his sole discretion, elect to relocate Tenant to comparable space belonging to Landlord at Landlord's expense. If Tenant objects to such relocation, Tenant may terminate this Lease with written notice to Landlord within ten (10) days after receipt of such notice from Landlord whereupon Rent and all other obligations hereunder shall be adjusted between the parties as of the date of such destruction. If such notice is not given, then this Lease shall remain in force.
320 321 322 323		В.	If the Property is damaged but not rendered wholly untenantable and/or unusable for its intended purpose by earthquake, fire, flood, storm, or other casualty, Rent shall abate in such proportion as the Property has been damaged as determined by casualty insurance carrier (or in the absence of casualty insurance carrier, by Landlord), and Landlord shall restore the Property as reasonably quickly as practicable whereupon all Rent shall commence.
324 325 326		C.	Rent shall not abate nor shall Tenant be entitled to terminate this Lease if the damage or destruction of the Property whether total or partial, is the result of the negligent or intentional acts of Tenant, its contractors, employees, agents, invitees, guests, or licensees.
327 328 339 330 331 332 333 334 335 336 337 338 339 340	20.	will here insu add have elec- insu Proj of re prer resp agree	carry and maintain, at its sole cost, the following types of insurance, in the amounts specified and in the form sinafter provided. All insurance policies procured and maintained herein (other than workers' compensation rance) shall name Landlord, Landlord's property manager(s), Landlord's Broker(s) and Landlord's lender as itional insured, shall be carried with insurance companies licensed to do business in the State of Tennessee and ing a current financial strength rating in Best's Rating of not less than B+. Such insurance policies or, at Landlord's tion, duly executed certificates of such policies, accompanied by proof of the payment of the premium for such rance, shall be delivered to Landlord before the earlier of (a) the initial entry by contractor/subcontractor upon the perty for the installation of its equipment or improvements, or (b) the Commencement Date of the Lease. Certificates be enewal of such insurance or copies of any replacement insurance policies, accompanied by proof of payment of the initial such insurance, shall be delivered to Landlord at least ten (10) days before the expiration of each ective policy term. Tenant shall include a provision in any and all insurance policies wherein the insurance provider test to provide notice to all entities designated as additional insureds in the event of nonpayment of premiums or cellation of policy.
341 342 343 344 345 346 347		Prevanyte poli clair	ant shall comply with all rules and regulations applicable to the Property issued by the Tennessee Board of Fire vention or by any body hereinafter constituted exercising similar functions. Tenant shall not intentionally do hing, or permit anything to be done, on or about the Property that might adversely affect, contravene, or impair any cies of insurance that are in force for the Property or any part thereof. Tenant shall pay all costs, damages, expenses, ms, fines or penalties incurred by Landlord or Tenant because of Tenant's failure to comply with this Paragraph. ant indemnifies Landlord from all liability with reference thereto. [Check all that apply. The sections not marked I not be part of this Agreement]:
348 349 350 351 352 353			A. General Commercial Liability Insurance (or reasonable equivalent thereto). Such insurance shall cover Property and Tenant's use thereof against claims for personal injury, bodily injury or death, property damage and products liability occurring upon, in, or about the Property. The limits of such policy shall be in such amounts as Landlord may from time to time reasonably require, but in any event not less than One Hundred Thousand Dollars (\$_100,000.00) for each occurrence. Such insurance shall be endorsed to cover independent contractors and contractual liability. Such insurance shall extend to any liability of Tenant arising out of the indemnities provided for in this Lease.
355 356 357 358 359			B. Fire and Extended Coverage Insurance (or reasonable equivalent thereto). Such insurance shall cover Tenant's interest in its improvements to the Property, and all furniture, equipment, supplies, inventory, and other property owned, leased, held or possessed by it and contained therein. Such insurance coverage shall be in an amount equal to not less than percent (_100_%) of full replacement cost as updated from time to time during the Term of the Lease or any extensions thereof or Hold Over periods. Tenant

- shall promptly provide Landlord written notice in the event of any damages to persons or property occurring on the Property from fire, accident, or any other casualty.
 - C. Worker's Compensation Insurance (or reasonable equivalent thereto). Such insurance shall include coverage as required by applicable law.

 - □ Ė. Plate Glass Insurance (or reasonable equivalent thereto). Such insurance shall cover all plate glass and any glass signage located on the Property.
 - 21. Taxes. Tenant shall pay any and all taxes (including assessments and license fees) assessed or imposed upon Tenant's fixtures, furniture, appliances, and personal property located in the Property. [Check all that apply. The sections not marked shall not be part of this Agreement]:
 - **A.** Landlord Pays All Property Taxes. Landlord shall pay all Property Taxes levied against the Property. Tenant shall not pay any Property Taxes levied against the Property.
 - ☐ B. Tenant Shall Pay Property Taxes.
 - C. Tenant Pays Increases in Property Taxes. In addition to other rent payments specified in this Lease, Tenant shall pay as Additional Rent the amount by which all Property Taxes on the Property for each tax year exceeds taxes on the Property for the tax year 0. On or before the first (1st) day of the Term of this Lease, Landlord will provide Tenant written notice of Landlord's estimate of the Additional Rent payable under this subparagraph. During December of each calendar year or as soon as practicable, Landlord will give Tenant written notice of its estimate of payments to be made for the ensuing calendar year. On the first (1st) day of each month during the Term of the Lease, Tenant will pay one-twelfth (1/12) of the estimated amount in the manner provided in the Rent Paragraph. If notice is not given in December, Tenant will continue to pay on the basis of the prior year's estimate until the month after the notice given. Within ninety (90) days after the close of each calendar year or as soon as practicable thereafter, Landlord will deliver to Tenant (1) a statement of Property Taxes for the calendar year certified by certified public accountants designated by Landlord and (2) a statement of the payments made or to be made for the calendar year that has been prepared on the basis of the certified statement. If on the basis of those statements Tenant owes an amount that is less than the estimated payments for the calendar year previously made by the Tenant, Landlord will pay Tenant the amount of the overpayment within thirty (30) days after delivery of those statements. If on the basis of those statements Tenant owes an amount that is more than the estimated payments for such calendar year previously made by Tenant, Tenant will pay the deficiency to Landlord within thirty (30) days after delivery of those statements. If the Lease commences on a day other than the first (1st) day of the calendar year or ends on a day other than the last day of a calendar year, the amounts payable under this subparagraph shall be prorated.
 - 22. Condemnation. If all or any part of the Property is taken or appropriated by any public or quasi-public authority under the power of eminent domain, and if the remaining portion of the Property is thereby rendered untenantable or unusable for the purposes herein stated, this Lease shall terminate when the condemning authority takes possession, and any Rent paid for any period beyond possession by the condemning authority shall be repaid to Tenant. Landlord shall receive the entire condemnation award without deduction therefrom for any interest of Tenant in the Property, but Tenant shall have the right to make a separate claim with the condemning authority for, and to receive therefrom, (a) any moving expenses incurred by Tenant as a result of such condemnation; (b) any costs incurred or paid by Tenant in connection with any alteration or improvement made by Tenant to the Property; (c) the value of Tenant's personal property taken; (d) Tenant's loss of business income; and (e) any other separate claim which Tenant may be permitted to make under applicable law, provided that such other separate claims shall not reduce or adversely affect the amount of Landlord's award.

23. Disclaimer. Tenant and Landlord acknowledge that they have not relied upon any advice, representations or statements of Brokers (including their firms and affiliated licensees) and waive and shall not assert any claims against Brokers (including their firms and affiliated licensees) involving same. It is understood and agreed that the real estate firms and real estate licensee(s) representing or assisting Landlord and/or Tenant and their brokers (collectively referred to as "Brokers") are not parties to this Agreement and do not have or assume liability for the performance or nonperformance of Landlord or Tenant. Tenant and Landlord agree that Brokers, their firms and affiliated licensees shall not be responsible for any matter which could have been revealed through a survey, title search or inspection of the Property; for any geological issues present on the Property; for any issues arising out of the failure to physically inspect Property prior to entering into this Agreement or date of possession, for the condition of the Property, any portion thereof, or any item therein; for building products and construction techniques; for the necessity or cost of any repairs to the Property; for hazardous or toxic materials; for termites and other wood destroying organisms; for square footage; for acreage; for the availability and cost of utilities, septic or community amenities; for proposed or pending condemnation actions involving Property; for the tax or legal consequences of this transaction; for the appraised or future value of the Property; and for any condition(s) existing off the Property which may affect the Property; for the terms, conditions and availability of financing; and for the uses and zoning of the Property whether permitted or proposed. Tenant and Landlord acknowledge that Brokers, their firms, and affiliated licensees are not experts with respect to the above matters and that, if any of these matters or any other matters are of concern to them, they shall seek independent expert advice relative thereto. Tenant further acknowledges that in every neighborhood there are conditions which different tenants may find objectionable. Tenant shall therefore be responsible to become fully acquainted with neighborhood and other off-site conditions which could affect the Property. 24. Agency and Brokerage. A. Agency.

- (1) In this Agreement, the term "Broker" shall mean a licensed Tennessee real estate broker or brokerage firm and, where the context would indicate, the broker's affiliated licensees. No Broker in this transaction shall owe any duty to Tenant or Landlord greater that what is set forth in their broker engagements, the Tennessee Real Estate Broker License Act of 1973, as amended, and the Tennessee Real Estate Commission Rules, as amended;
- (2) Landlord and Tenant acknowledge that if they are not represented by a Broker they are each solely responsible for their own interests, and that Broker's role is limited to performing ministerial acts for that unrepresented party;
- (3) The Broker, if any, working with the Landlord is identified on the signature page as the "Listing Broker"; and said Broker □ is, **OR**, □ is not representing the Landlord;
- (4) The Broker, if any, working with the Tenant is identified on the signature page as the "Leasing Broker", and said Broker □ is, **OR**, □ is not, representing the Tenant; and
- (5) If Tenant and Landlord are both being represented by the same Broker, a relationship of either □ designated agency, **OR**, □ facilitator, **OR**, □ dual agency shall exist.
 - (a) Designated Agency Assignment. [Applicable only if designated agency had been selected above].

 The Broker has assigned affiliate licensee ________ to work exclusively with Tenant as Tenant's Designated Agent and affiliate licensee _______ to work exclusively with Landlord as Landlord's Designated Agent. Each Designated Agent shall exclusively represent the party to whom each has been assigned as a client and shall not represent in this transaction the client assigned to the other Designated Agent.
 - (b) Facilitator. [Applicable only if facilitator has been selected above] The licensee is not working as an agent for either party in this consumer's prospective transaction. A Facilitator may advise either or both of the parties to a transaction but cannot be considered a representative or advocate of either party. "Transaction Broker" may be used synonymously with, or in lieu of, "Facilitator" as used in any disclosures, forms or agreements. [By law, any licensee or company who has not entered into a written agency agreement with either party in the transaction is considered a Facilitator or Transaction Broker until such time as an agency agreement is established.]
 - (c) Dual Agency Disclosure. [Applicable only if dual agency has been selected above.] Landlord and Tenant are aware that Broker is acting as a dual agent in this transaction and consent to the same. Landlord and Tenant have been advised that:
 - 1. In serving as a dual agent the Broker is representing two clients whose interests are, or at times could be, different or even adverse:

466 467 468			2.	the dual agent, to all parties in the tra	material facts relevant to the transaction, and actually known to ansaction except for information made confidential by request or a is not otherwise required to be disclosed by law;
469			3.	The Landlord and Tenant do not have	to consent to dual agency; and
470 471			4.	The consent of the Landlord and Tenaread and understand their brokerage e	ant to dual agency has been given voluntarily and the parties have ngagement agreements.
472 473 474 475			5.	direct Broker, if acting as a dual ag	e contrary contained herein, Landlord and Tenant each hereby ent, to keep confidential and not reveal to the other party any and adversely affect their negotiating position, unless required to
476 477 478 479 480			hav A 1	ve no material relationship with either c material relationship means one of a iliate licensees and a client which woul	uired with dual Agency.] The Broker and/or affiliated licensees lient except as follows: _CO-OWNER IN SUBJECT PROPERTY _ personal, familial or business nature between the Broker and d impair their ability to exercise fair judgment relative to another
481				Landlord's Initials	Tenant's Initials
482 483 484 485 486		В.	beneficiaries Broker shall Landlord aga	s hereunder only for the purposes of e l not create an agency relationship beto rees to pay the Broker listed below and	I a valuable service in this transaction and are made third party inforcing their commission rights. Payment of commission to a ween Leasing Broker and either Landlord or Landlord's Broker. The representing Landlord to lease the Property ("Listing Broker") and the part of this Agreement.
487			× Negotia	ted by separate written agreement.	
488 489			payable	or% of the tot	al Base Rent to be paid under the Lease, which shall be due and
490 491 492 493			payment entire T	t of Rent in the manner provided in the	Rents, which shall be due and payable upon a Tenant's monthly e Rent Paragraph above. Said Commission shall be paid for the ereof or any Hold Over Period, regardless of any breach of this
494 495 496			- \$	OR% of Base Ren% of Commission upon lease exec% upon Rent commencement or	t Payable as follows: ution. % upon occupancy.
497 498			plus		and/or extensions thereof payable on the 1st day of renewal or
499 500 501			□ Other		
502					
503 504 505 506 507 508 509			Broker shall% of t perform any Leasing Bro	receive% of the total real estate the total real estate commission paid h of their obligations herein, the non-peker their full commissions. The Listily pursue the non-performing party for	another Broker listed below as the Leasing Broker, the Listing commission paid hereunder and the Leasing Broker shall receive ereunder. In the event Tenant and/or Landlord fail or refuse to rforming party shall immediately pay the Listing Broker and the ng real estate firm and Leasing real estate firm may jointly or that portion of the commission which they would have otherwise
510	25.		er Provision		
511				ence. Time is of the essence in this Lea	
512 513 514		В.	conditions of	f this Lease or any of the rules and regu	pon the strict and prompt performance of any covenants or ulations set forth herein shall not operate as a waiver of any such apt compliance in the future of such covenant or condition, and

shall not prevent a subsequent action by Landlord for any such violation. No provision, covenant or condition of

this Lease may be waived by Landlord unless such waiver is in writing and signed by Landlord.



515

C. Definitions.

- 1. Landlord as used in this Lease shall include its representatives, heirs, agents, assigns, and successors in title to Property.
- 2. Broker shall mean a licensed Tennessee real estate broker or brokerage firm and, where the context would indicate, the Broker's affiliated licensees.
- 3. "Landlord" and "Tenant" shall include singular and plural, and corporations, partnerships, companies or individuals, as may fit the particular circumstances.
- 4. Property Taxes means any form of real or personal property taxes, assessments, special assessments, fees, charges, levies, penalties, service payments in lieu of taxes, excises, assessments, and charges for transit, housing, or any other purposes, impositions or taxes of every kind and nature whatsoever, assessed or levied by any authority having the power to tax against the Property or any legal or equitable interest of Landlord in the Property, whether imposed now or in the future, excepting only taxes measured by the net income of Landlord from all sources.
- 5. Business Days shall mean Monday through Friday, excluding Holidays.
- 6. Bank Days shall mean Monday through Saturday at noon, excluding Holidays.
- D. Entire Agreement. This Lease and any attached addenda constitute the entire agreement between the parties and no oral statement or amendment not reduced to writing and signed by both parties shall be binding. Notwithstanding the above, the Landlord may provide amendments and/or additions to the Rules and Regulations which shall be effective upon delivery of a copy thereof to Tenant and do not require the signature of the Tenant. It is hereby agreed by both Landlord and Tenant that any real estate agent working with or representing either party shall not have the authority to bind the Landlord, Tenant or any assignee to any contractual agreement unless specifically authorized in writing within this Agreement.
- E. Attorney's Fees and Costs of Collection. Whenever any sums due hereunder are collected by law, or by attorney at law to prosecute such an action, then both parties agree that the prevailing party will be entitled to reasonable attorney's fees, plus all costs of collection.
- F. Indemnification. Tenant releases Landlord, Broker, Broker's firm and Broker's affiliated licensees from liability for and agrees to indemnify Landlord, Broker, Broker's firm and Broker's affiliated licensees against all losses incurred by Landlord, Broker, Broker's firm and/or Broker's licensees as a result of: (a) Tenant's failure to fulfill any condition of this Lease; (b) any damage or injury happening in or about the Property due to Tenant or Tenant's invitees, employees or licensees or such persons' property, except where such damage or injury is due to gross negligence or willful misconduct of Landlord, Broker, Broker's firm or Broker's affiliated licensees; (c) Tenant's failure to comply with any requirements imposed by any governmental authority; and (d) any judgment lien or other encumbrance filed against the Property as a result of Tenant's actions.
- G. No Partnership. Tenant by execution of this Lease is not a partner of Landlord in the conduct of its business or otherwise, or joint venturer, or a member of any joint enterprise with Landlord.
- H. No Recordation. Tenant shall not record this Lease or any short form memorandum thereof without Landlord's prior written consent.
- I. Notices. Except as otherwise provided herein, all notices and demands required or permitted hereunder shall be in writing and delivered (1) in person, (2) by prepaid overnight delivery service, (3) by facsimile transmission (FAX), (4) by the United States Postal Service, postage prepaid, registered or certified return receipt requested or (5) Email. Notice shall be deemed to have been given as of the date and time it is actually received. Receipt of notice by the Broker representing a party as a client or a customer shall be deemed to be notice to that party for all purposes herein.

Landlord's address:

GRAHA	M AND RICHA	RDSON PROPE	RTIES
P.O.B	OX 908		
	LINDEN	TN	37096
Fax #		931-589-2096	
Email	DAVID@RI	CHARDSONRES	ALES.COM
-			

Tenant's address:

HOSF	ICE AL	PHA, IN	īC.			
102	NORTH 1	POPULAF	SI	REET		
	LINDI	EN	-	TN	37096	
Fax #		2	81-	762-19	17	
Emai	1	JUBILEEHHCR@YAHOO.COM				

J. Governing Law and Venue. This Agreement may be signed in multiple counterparts and shall be governed by and interpreted pursuant to the laws and in the courts of the state of Tennessee.

- **K.** Severability. If any portion or provision of this Agreement is held or adjudicated to be invalid or unenforceable for any reason, each such portion or provision shall be severed from the remaining portions or provisions of this Agreement, and the remaining portions or provisions shall be unaffected and remain in full force and effect.
 - L. Terminology. As the context may require in this Agreement: (1) the singular shall mean the plural and vice versa; (2) all pronouns shall mean and include the person, entity, firm or corporation to which they relate; (3) the masculine shall mean the feminine and vice versa, and (4) the term day(s) used throughout this Agreement shall be deemed to be calendar day(s) ending at 11:59 p.m. local time unless otherwise specified in this Agreement. Local time shall be determined by the location of Property. In the event a performance deadline occurs on a Saturday, Sunday or legal holiday, the performance deadline shall extend to the next following business day. Holidays as used herein are those days deemed federal holidays pursuant to 5 U.S.C. § 6103.
 - M. Construction. This Agreement or any uncertainty or ambiguity herein shall not be construed against any party but shall be construed as if all parties to this Agreement jointly prepared this Agreement.
 - N. Equal Opportunity. This Property is being leased without regard to race, color, sex, religion, handicap, familial status, or national origin.
- 27. Exhibits. All exhibits attached hereto, listed below or referenced herein are made a part of this Lease. If any such exhibit conflicts with any preceding paragraph, said exhibit shall control.

28. Special Stipulations. The following Special Stipulations, if conflicting with any preceding paragraph, shall control: SECURITY DEPOSIT WILL BE DEPOSITED IN LANDLORD'S BUSINESS ACCOUNT. IT IS UNDERSTOOD THAT DAVID C. RICHARDSON IS CO OWNER IN SUBJECT PROPERTY.

☐ (Mark box if additional pages are attached.)

LEGAL DOCUMENTS: This is an important legal document creating valuable rights and obligations. If you have questions about it, you should review it with your attorney. Neither the Broker nor any Agent or Facilitator is authorized or qualified to give you any advice about the advisability or legal effect of its provisions.

NOTE: Any provisions of this Agreement which are preceded by a box "\pi" must be marked to be a part of this
Agreement. By affixing your signature below, you also acknowledge that you have reviewed each page and have
received a copy of this Agreement.

IN WITNESS WHEREOF, the parties hereto have set their hand and seal.

The party(ies) below have signed and acknowledge receipt of	or a copy.
TENANT	TENANT
By:	By: HOSPICE ALPHA, INC.
	CHIKE MBONU, PRESIDENT
Title	Title 12 20
at o'clock am/ pm	03 25 2014 at 12.32 o'clock = am/ xpm
Date	Date
AP 14.4	PRINTATYPE NAME
PRINT/TYPE NAME	PRINT/TYPE NAME
Wild I I I I was to be a second	()
	Cu C Ru
LANDLORD	LANDLORD
And to delicate med the Bible	
By;	By: GRAHAM AND RICHARDSON PROPERTIES
	DAVID C. RICHARDSON, PARTNER
Title	Title
ato'elock \(\sigma \text{ am/} \(\sigma \text{ pm} \)	3-28 at 4:00 o'clock am/ x pm
Date	
	David C. Richardson
PRINT/TYPE NAME	PRINT/TYPE NAME
Emergency # for repairs	Emergency # for repairs
The party(ies) below have signed and acknowledge receipt	or a copy.
Lancilla.	U.C. Richardson R.E.
X CC C/	Leasing Broker/Firm
BY: Broker or Licensee Authorized by Broker	3-28/4 at 4.00 o'clock am/ 16 pm
	at -/ Octock atta/ya par
Date	David C. Richardson
David C. Michaidson	Day. C C. M.C. Care
David C. R. Chardson PRINT/TYPE NAME:	PRINT/TYPE NAME
The party(ies) below have signed and acknowledge receipt	of a conv
The party(ies) below have signed and acknowledge receipt	or a copy.
	X4.4 70 1
BY: Broker or Licensee Authorized by Broker	Listing Broker/Firm
ato'clock = am/ = pm	ato'clock n am/ n pn
Date	Date
PRINT/TYPE NAME:	PRINT/TYPE NAME



Grand Regions by MCO



AmeriChoice				
BlueCare	Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton, Weakley			
TennCare Select	Tronderson, trendy, Euro-Cause, Fluction, Metvally, Obioli, Sholoy, Tiplon, Weakley			
Middle Tennessee				
AmeriChoice	Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson			
AmeriGroup				
TennCare Select				
East Tennessee				
AmeriChoice	Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Franklin, Grainger,			
BlueCare	Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier,			
TennCare Select	Sullivan, Unicoi, Union, Washington			



Population Data

Counties	2014	2016	% Increase
Benton	16,257	16,177	-0.5%
Chester	17,472	17,731	1.5%
Decatur	11,822	11,938	1.0%
Hardin	26,012	26,128	0.4%
Henderson	28,186	28,384	0.7%
Hickman	24,422	24,527	0.4%
Humphreys	18,498	18,525	0.1%
Lawrence	42,329	42,394	0.2%
Lewis	12,112	12,132	0.2%
McNairy	26,582	26,950	1.4%
Perry	8,014	8,057	0.5%
Wayne	16,854	16,797	-0.3%
Service Area	248,560	249,740	0.5%
TN	6,588,698	6,710,579	1.8%

Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Divison of Health Statistics.

Age 65+ over Percentages

Counties	2014	2016	% Increase
Benton	22.8%	23.5%	3.3%
Chester	15.7%	16.1%	2.3%
Decatur	21.8%	21.8%	-0.1%
Hardin	20.7%	21.6%	4.2%
Henderson	16.8%	17.6%	4.8%
Hickman	16.2%	17.1%	5.8%
Humphreys	19.3%	20.0%	3.4%
Lawrence	17.7%	18.3%	3.5%
Lewis	18.2%	19.2%	5.7%
McNairy	19.1%	19.7%	3.3%
Perry	21.3%	22.6%	6.3%
Wayne	17.8%	18.5%	3.9%
Service Area	18.6%	19.3%	3.8%
TN	14.9%	15.8%	6.1%

Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Divison of Health Statistics.



Home > Medicare > Hospice > Hospice

Hospice

According to Title 18, Section 1861 (dd) of the Social Security Act, the term "hospice care" means the following items and services provided to a terminally ill individual by, or by others under arrangements made by, a hospice program under a written plan (for providing such care to such individual) established and periodically reviewed by the individual's attending physician and by the medical director (and by the interdisciplinary group described in paragraph (2)(B)) of the program—

- . (A) nursing care provided by or under the supervision of a registered professional nurse,
- · (B) physical or occupational therapy, or speech-language pathology services,
- . (C) medical social services under the direction of a physician,
- (D)(i) services of a home health aide who has successfully completed a training program approved by the Secretary and
 - (ii) homemaker services,
- (E) medical supplies (including drugs and biologicals) and the use of medical appliances, while under such a plan.
- . (F) physicians' services,
- (G) short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management) in an inpatient facility meeting such conditions as the Secretary determines to be appropriate to provide such care, but such respite care may be provided only on an intermittent, nonroutine, and occasional basis and may not be provided consecutively over longer than five days,
- (H) counseling (including dietary counseling) with respect to care of the terminally ill individual and adjustment to his death, and
- (I) any other item or service which is specified in the plan and for which payment may otherwise be made under

The care and services described in subparagraphs (A) and (D) may be provided on a 24-hour, continuous basis only during periods of crisis (meeting criteria established by the Secretary) and only as necessary to maintain the terminally ill individual at home.

Hospice Data

Updated hospice statistics are now available for calendar years 1998 to 2008 —, and include the 20 most frequent diagnoses, the number of patients, average length of stay, and trends over time in length of stay, by diagnosis. (see "Downloads" below).

Hospice Center

For a one-stop resource web page focused on the informational needs and interests of Medicare Fee-for-Service (FFS) hospices, go to the Hospice Center (see "Related Links Inside CMS" below).

Downloads

Hospice Data 1998-2008 [ZIP, 122KB]

FY 2014 Wage Index [ZIP, 261KB]

FY 2013 Wage Index [ZIP, 468KB]

FY 2011 Final Wage Index [ZIP, 33KB]

FY 2010 Wage Index [ZIP, 32KB]

FY 2009 Wage Index [PDF, 249KB]

R1701CP [PDF, 110KB]

Related Links

Hospice Center

Hospice: Questions and Answers

Title 18, Section 1861 of the Social Security Act (Subsection dd)

Hospice Care Regulation: Title 42, Chapter IV, Part 418

Page last Modified: 08/27/2013 11:41 AM Help with File Formats and Plug-lns

CMS.gov

A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244



2013

Facility Name:	ID	Home Co.	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area Total	Grand Total
Aseracare Hospice-McKenzie	9645	Carroll	11	8	1	14	10	0	6	0	0	53	0	0	103	808
Baptist Memorial HC &Hospice	9625	Carroll	1	0	0	0	0	0	1	0	0	0	0	0	2	53
Hospice Compassus-The Highland Rim	16604	Coffee	0	0	0	0	0	38	0	71	13	0	0	0	122	912
Avalon Hospice	19694	Davidson	0	5	2	5	10	13	16	1	0	8	0	0	60	1,415
Caris Healthcare	19714	Davidson	0	0	0	2	0	25	32	60	3	0	3	2	127	837
Caris Healthcare	24606	Fayette	1	2	0	0	1	0	0	0	0	5	0	0	9	210
Henry Co. Medical Cntr Hospice	40615	Henry	13	0	0	0	0	0	0	0	0	0	0	0	13	152
Hospice of West Tennessee	57605	Madison	20	31	8	0	44	0	0	0	0	29	0	0	132	813
Tennessee Quality Hospice	57615	Madison	41	2	23	28	23	0	38	2	21	7	6	65	256	487
Legacy Hospice of the South	55605	McNairy	0	4	0	21	0	0	0	0	0	44	0	0	69	85
Magnolia Regional HCH Hospice	96600	Other	0	0	0	3	0	0	0	0	0	11	0	0	14	97
Unity Hospice Care of TN, LLC	68604	Perry	0	0	7	68	53	0	10	17	6	0	9	4	174	147
Volunteer Hospice	91602	Wayne	0	0	0	14	0	0	0	40	0	0	0	21	75	75
Guardian Hospice of Nashville, LLC	94614	Williamson	0	0	. 0	0	0	12	0	0	0	0	0	0	12	234
Willowbrook Hospice, Inc	94604	Williamson	0	0	0	0	0	4	0	0	0	0	0	0	4	276
Total			87	52	41	155	141	92	103	191	43	157	18	92	1,172	6,601

Source: Division of Health Statistics, 2013 Provisional JARs, Schedule F - Patient Utilization

2012

		2012														
Facility Name:	ID	Home Co.	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Реггу	Wayne	Svc Area Total	Grand Total
Aseracare Hospice-McKenzie	9645	Carroll	17	8	2	10	8	0	2	0	0	55	0	0	102	921
Baptist Memorial HC &Hospice	9625	Carroll	3	0	0	0	1	0	0	0	0	0	0	0	4	60
Hospice Compassus-The Highland Rim	16604	Coffee	0	0	0	0	0	43	0	68	14	0	0	0	125	775
Avalon Hospice	19694	Davidson	9	6	1	1	15	15	12	0	0	2	0	0	61	1,001
Caris Healthcare	19714	Davidson	0	0	0	1	0	23	27	68	5	0	1	1	126	830
Caris Healthcare	24606	Fayette	0	0	0	0	0	0	0	0	0	2	0	0	2	126
Henry Co. Medical Cntr Hospice	40615	Henry	14	0	0	0	0	0	0	0	0	0	0	0	14	159
Hospice of West Tennessee	57605	Madison	13	36	10	0	37	0	0	0	0	29	0	0	125	739
Tennessee Quality Hospice	57615	Madison	50	7	21	27	13	0	35	5	13	15	4	35	225	447
Mercy Hospice	55601	McNairy	0	0	0	23	0	0	0	0	0	37	0	0	60	74
Magnolia Regional HCH Hospice	96600	Other	0	0	0	4	0	0	0	0	0	11	0	0	15	95
Unity Hospice Care of TN, LLC	68601	Perry	0	0	9	35	49	0	6	2	5	0	18	0	124	124
Volunteer Hospice	91602	Wayne	0	0	0	5	0	0	0	44	0	0	0	24	73	73
Guardian Hospice of Nashville, LLC	94614	Williamson	0	0	0	0	0	8	0	0	1	0	0	0	9	186
Willowbrook Hospice, Inc	94604	Williamson	0	0	0	0	0	4	0	0	0	0	0	0	4	274
Total			106	57	43	106	123	93	82	187	38	151	23	60	1,069	5,884

Source: Division of Health Statistics, 2012 JARs, Schedule F - Patient Utilization

Service Area Hospice Utilization

2011

Facility Name:	ID	Home Co.	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area Total	Grand Total
Aseracare Hospice-McKenzie	9645	Carroll	9	6	0	3	8	1	7	0	0	32	1	0	67	713
Baptist Memorial HC &Hospice	9625	Carroll	2	0	0	0	0	0	0	0	0	0	0	0	2	48
Hospice Compassus-The Highland Rim	16604	Coffee	0	0	0	0	0	40	0	52	16	0	0	0	108	757
Avalon Hospice	19694	Davidson	9	0	2	2	- 8	27	13	0	0	1	0	0	62	995
Caris Healthcare	19714	Davidson	0	0	0	1	0	29	20	69	3	0	0	1	123	812
Caris Healthcare	24606	Fayette	0	0	0	0	0	0	0	0	0	7	0	0	7	142
Henry Co. Medical Cntr Hospice	40615	Henry	14	0	0	0	0	0	0	0	0	0	0	0	14	149
Hospice of West Tennessee	57605	Madison	12	38	15	0	35	0	0	0	0	28	0	0	128	838
Tennessee Quality Hospice	57615	Madison	41	3	20	33	12	2	17	5	13	9	3	42	200	408
Legacy Hospice of the South	55605	McNairy	0	3	0	22	0	0	0	0	0	28	0	0	53	58
Magnolia Regional HCH Hospice	96600	Other	0	0	0	3	0	0	0	0	0	9	0	0	12	74
Unity Hospice Care of TN, LLC	6804	Perry	0	0	8	22	38	0	5	1	10	0	17	2	103	103
Volunteer Hospice	91602	Wayne	0	0	0	10	0	0	0	52	0	0	0	24	86	86
Guardian Hospice of Nashville, LLC	94614	Williamson	0	0	0	0	0	10	0	0	0	0	0	0	10	193
Willowbrook Hospice, Inc	94604	Williamson	0	0	0	0	0	9	0	0	0	0	0	0	9	334
Total			87	50	45	96	101	118	62	179	42	114	21	69	984	5,710

Source: Division of Health Statistics, 2011 JARs, Schedule F - Patient Utilization

2010

		2010														
Facility Name:	ID	Home Co.	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area Total	Grand Total
Aseracare Hospice-McKenzie	9645	Carroll	11	6	7	2	10	2	7	0	0	7	1	0	53	694
Baptist Memorial HC &Hospice	9625	Carroll	3	0	0	0	0	0	0	0	0	0	0	0	3	32
Hospice Compassus-The Highland Rim	16604	Coffee	0	0	- 0	0	0	36	0	54	22	0	0	0	112	639
Avalon Hospice	19694	Davidson	1	0	0	0	2	9	5	0	0	1	0	0	18	586
Caris Healthcare	19714	Davidson	0	0	0	1	0	25	18	81	9	0	1	0	135	825
Caris Healthcare	24606	Fayette	0	0	0	0	27	0	0	0	0	6	0	0	33	163
Henry Co. Medical Cntr Hospice	40615	Henry	17	0	- 0	0	0	0	0	0	0	0	0	0	17	132
Hospice of West Tennessee	57605	Madison	6	24	15	0	29	0	0	0	0	26	0	0	100	794
Tennessee Quality Hospice	57615	Madison	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mercy Hospice	55601	McNairy	0	1	0	25	0	0	0	0	0	39	0	0	65	66
Magnolia Regional HCH Hospice	96600	Other	0	0	0	3	0	0	0	0	0	11	0	0	14	73
Unity Hospice Care of TN, LLC	68601	Perry	0	0	9	6	47	0	3	0	7	0	15	1	88	88
Volunteer Hospice	91602	Wayne	0	0	0	19	0	0	0	_30	0	0	0	17	66	66
Guardian Hospice of Nashville, LLC	94614	Williamson	0	0	0	0	0	5	0	0	0	0	0	0	5	216
Willowbrook Hospice, Inc	94604	Williamson	0	0	0	0	0	7	0	0	0	0	0	0	7	348
Total			38	31	31	56	115	84	33	165	38	90	17	18	716	4,722

Source: Division of Health Statistics, 2010 JARs, Schedule F - Patient Utilization

^{*} No JAR

Attachment B.II.C.4

% of Statewide Median Hospice Penetration Rate and Patient Need/(Surplus)

2011-2012 Hospice Rates and Projected Need

	Hospic	Hospice Patients Served	erved	Tot	Total Deaths*		Penetration Rate	0.367	0.390
CountyName	2011	2012	Mean	2011	2012	Mean	Mean Number of Patients/Mean Number of Deaths	%08	85%
Anderson	400	472	436	792	856	824	0.529	(134)	(115)
Benton	161	133	147	403	400	402	0.366	0 3	10
Bladsna	47	85	00 7	233	777	114	0.430	(14)	(6)
Blount	532	536	534	777	1176	1 162	0.362	(406)	(64)
Bradlev	451	541	496	846	844	845	0.460	(100)	(181)
Campbell	73	175	124	444	476	780	0200	(190)	(791)
Cannon	. 4	65	50	140	5 6	140	0.270	÷ -	00 5
Carroll	227	204	216	394	349	372	0.330	(70)	(71)
Carter	300	322	317	579	20 45	2 000	0.200	(62)	(62)
Cheatham	166	178	172	310	319	315	0.547	(52)	(49)
Chester	53	58	26	161	160	161	0.346	3	7
Claiborne	80	156	118	381	379	380	0.311	21	30
Clay	19	25	22	104	120	112	0.196	19	22
Cocke	237	226	232	412	451	432	0.537	(73)	(63)
Coffee	252	240	246	277	595	586	0.420	(31)	(18)
Crockett	29	68	64	166	159	163	0.391	(4)	0
Cumberland	288	296	292	685	683	684	0.427	(41)	(25)
Davidson	2,987	2,854	2,921	4,333	4,424	4,379	299"0	(1,314)	(1,214)
Decatur	45	43	4	145	150	148	0.298	10	13
Dekalb	86	80	83	203	207	202	0,405	(8)	(3)
Dickson	315	311	313	450	420	435	0.720	(153)	(143)
Dyer	20.5	181	182	392	362	3/7	0.483	(44)	(32)
Fantrace	121	251	171	190	272	7/0	864.0	(25)	(19)
Franklin	281	287	284	426	456	130	0.129	(472)	(145)
Gibson	335	286	341	623	635	628	0.494	(80)	(65)
Giles	149	146	148	324	306	315	0.468	(32)	(25)
Grainger	06	96	93	219	223	221	0,421	(12)	6
Greene	526	602	564	778	777	778	0,725	(279)	(261)
Srundy	92	102	66	173	192	183	0.540	(32)	(27)
Tamblen	315	327	321	809	617	613	0.524	(96)	(82)
Hancock	2,401	1,950	2,176	3,026	2,977	3,002	0.725	(1,074)	(1,006)
dardeman	85	106	7 96	93	735	245	0.301	© Q	00 5
Hardin	96	106	101	310	324	317	0.319	(5)	23
Hawkins	266	287	277	622	590	909	0.456	(54)	(40)
Haywood	65	68	29	169	180	175	0.381	(2)	2
Henderson	107	125	116	276	296	286	0.406	(11)	(5)
Henry	171	211	191	403	430	417	0.459	(38)	(23)
Houston	21.0	9 4	901	241	244	243	0.435	(17)	(11)
Humphrevs	2 40	- 8	1 2 2	797	20 6	2, 0	0.413	(a)	(2)
Jackson	20 70	000	ν ας	777	730	137	0.540	0 0	- 0
Jefferson	262	280	27.1	51.5	534	524	0.517	6/	(67)
Johnson	81	68	82	170	193	182	0.468	(18)	(14)

MOTE: In the Hospice Death definition infant mortality cannot simply be added to the other cause factors, as infant mortality constitutes any death of persons 365 days or younger, regardless of cause. Infant mortality is NOT a separate cause of death category, similar to suicide, homicide, or accidents. Some of the causes for infant death will <u>include</u> accidents and homicides. Therefore, there is some overlap between infant deaths and accidents and homicides. If Vital Statistics rate sheets are used to calculate Hospica-defined deaths, then it should be noted that there may be a few infant deaths also counted in accidents and homicides. HOWEVER, since the number of deaths that fall under both infant death and homicide or accident are relatively small, the tables may still function to establish need (or lack thereof) for Hospice; though it is dependent on Licensure's discretion.

(1)	(16)	(8)	00	33	(83)	(115)	(19)	90	(1/0)	(67)	(103)	(100)	(31)	(110)	10,	16	(51)	31	13	16	(21)	(26)	(51)	(30)	(94)	(203)	22	(28)	(116)	(968)	45	(412)	(201)	(12)	00	(141)	24	7	(41)	(307)	9	(36)	4	(208)	(156)	(7,643)
(3)	(22)	(18)	5	24	(36)	(129)	(26)	44	(188)	(31)	(119)	(20)	(41)	(131)	` ω	12	(09)	25	1	15	(22)	(71)	(28)	(43)	(107)	(237)	51	(61)	(135)	(1,123)	67	(5)	(229)	(22)	. 0	(147)	20	0	(20)	(332)	(2)	(44)	(4)	(229)	(175)	(8,912)
0.399	0.459	0.407	0.324	0.301	0.543	0.590	0.456		0.600	0,470	0.469	0.521	0.460	0.506	0.234	0.302	0.523	0.267	0.243	0,162	0,495	0,474	0,553	0.441	0.557	0.525	0.165	0.830	0.533	0.033	0.219	0.607	0.558	0.415	0,292	1,009	0.264	0.360	0.489	0.639	0.398	0.495	0,379	0.623	0.574	0.528
87	236	450	124	371	541	577	234	000	287	202	700	133	445	947	62	182	383	250	91	7.1	199	663	312	588	299	1,496	252	133	810	107,0	146	1.896	1,194	455	98	229	190	56	412	1,233	162	342	347	893	844	55,357
76	247	467	114	387	298	577	234	040	300	242	585	139	427	981	59	186	383	569	98	72	211	704	327	588	566	1,524	255	134	835	0,040	140	1.924	1,197	445	86	222	188	62	385	1,241	170	342	363	888	847	55,920
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45	108	187	38	107	314	3/4	45	480	138	7 2 2	361	70	224	459	18	54	213	79	23	11	94	298	167	255	314	817	23	77	463	0,430	200	1,212	661	189	25	215	92	24	203	808	09	187	138	566	480	29,431
24	108	179	42	116	273	300	± 66	487	135	139	390	89	185	498	7	26	188	24	21	12	103	331	178	263	312	/54	24	800	400	98	0 0	1,090	672	189	25	246	24	16	200	992	69	151	125	546	489	29,010
Lake	Lauderdale	Lawrence	Lewis	Lincoln	Loudon	McNain	Macon	Madison	Marion	Marshall	Maury	Meigs	Monroe	Montgomery	Moore	Morgan	Objon	Overton	Perry	Pickett	T OK	Putnam	Knea	Koane	Robertson	Kutherrord Sooth	Segmentable	Sadiat	Sholby	Smith	Stewart	Sullivan	Sumner	Tipton	Trousdale	Unicoi	Union	Van Buren	Warren	Washington	wayne	Weakley	White	Williamson	VVIIson Unknown	Tennessee

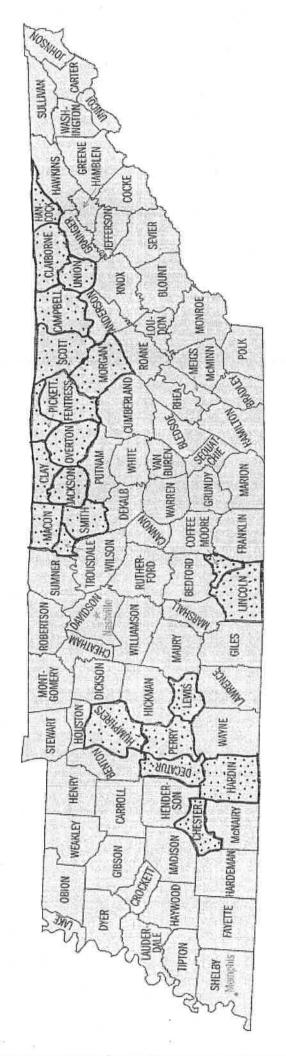
Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics. Death Statistical System, 2011-2012. Nashville, Tennessee.

2011-2012 JAR Hospice (not Including Residential Hospice) data used for patient data.

*Certain deaths are excluded: Accidental (including motor vehicle accidents), homicide, suicide, and infant deaths. ICD-10 Codes excluded: V01-X80, X80-X84, X85-Y09, Y85-Y86, Y87.0-Y87.1

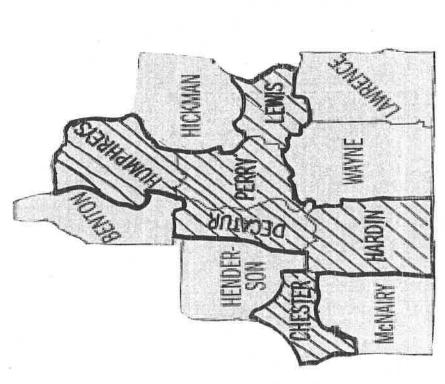
2011-2012 Hospice Rates and Projected Need

Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics



Counties with Hospice Patient Need

2011-2012 Hospice Rates and Projected Need



		Deaths			
County	Pts (Mean)	(Mean)	Rate	8.0	0.85
Benton	86	228	0.42982	-14	6-
Chester	56	161	0.34783	3	7
Decatur	4	148	0.2973	10	13
Hardin	101	317	0.31861	15	23
Henderson	116	286	0.40559	-11	5-
Hickman	106	243	0.43621	-17	-11
Humphreys	72	212	0.33962	9	11
Lawrence	183	450	0.40667	-18	φ
Lewis	40	124	0.32258	2	8
McNairy	133	291	0.45704	-26	-19
Репту	22	91	0.24176	11	13
Wayne	65	162	0.40123	5-	7
Service Area	1,036	2,713	0.38187	-41	22
N.	29,221	55,357	0.528	-8912	-7643
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Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics



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Benton Service Area		03174 MU	A	56.70	1978/11/01	

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U.S. Department of Health and Human Services Health Resources and Services Administration

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Attachment B.II.C.5



2010 Edition

NHPCO Facts and Figures:

Hospice Gare In America

National Hospice and Palliative Care Organization





Table of Contents

	Introduction	3
	About this report	3
	What is hospice care?	3
	How is hospice care delivered?	3
	Who Receives Hospice Care?	4
	How many patients receive care each year?	4
	What proportion of U.S. deaths is served by hospice?	4
	How long do most patients receive care?	5
	Short and Long Lengths of Service	5
	Impact of Hospice Care on Survival	5
	Where do most patients receive care?	6
	Inpatient Facilities and Residences.	6
	What are characteristics of the hospice patient population?	6
	Hospice Utilization in 65+ Age Group	7
	Patient Ethnicity and Race	7
	Primary Diagnosis	7
	Who Provides Care?	8
	Ways many harries were in operation in 2009?	8
	A gency Type	8
	Agency Size	8
	Organizational Tax Status	9
	Who Pays for Care?	10
	Hospice Participation in Medicare.	[v.10]
	Does hospice save money?	11
	How Much Care is Received?	. 11
	How Much Care is Received: What services are provided to patients and families?	11
	What level of care do most hospice patients receive?	11
	Staffing management and service delivery	12
	Volunteer commitment	12
	Bereavement support	13
	pereavement support	12
,	Assessing the Quality of Hospice Care	NE TO
	Data Sources and Methods	14
	Additional Statistics for NHPCO Members	. 15
	National Summers of Hospice Care	15
	NHPCO Performance Measure Reports	15

About this Report

NHPCO Facts and Figures: Hospice Care in America provides an annual overview of important trends in the growth, delivery and quality of hospice care across the country. This overview provides specific information on:

- Hospice patient characteristics (e.g., gender, age, ethnicity, race, primary diagnosis, and length of service)
- Hospice provider characteristics (e.g., total patients served, organizational type, size, and tax status)
- · Location and level of care
- · Role of paid and volunteer staff

Please refer to "Data Sources and Methods" (page 14) or to the specific footnotes for the source information and methodologies used to derive this information.

Additional resources for NHPCO members are also provided on page 15.

What is hospice care?

Considered the model for quality compassionate care for people facing a life-limiting illness, hospice provides expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well.

Hospice focuses on caring, not curing. In most cases, care is provided in the patient's home but may also be provided in freestanding hospice centers, hospitals, nursing homes, and other long-term care facilities. Hospice services are available to patients with any terminal illness or of any age, religion, or race.

How is hospice care delivered?

Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. Members of the hospice staff make regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week.

The hospice team develops a care plan that meets each patient's individual needs for pain management and symptom control. This interdisciplinary team, as illustrated in Figure 1 below, usually consists of the patient's personal physician, hospice physician or medical director, nurses, home health aides, social workers, bereavement counselors, clergy or other spiritual counselors, trained volunteers, and speech, physical, and occupational therapists, if needed.

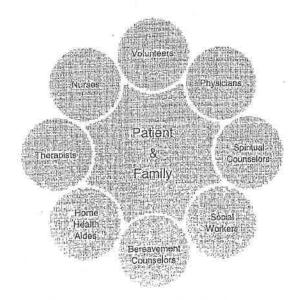


Figure 1. Interdisciplinary team



Who Receives Hospice Care?

How many patients receive care each year?

In 2009, an estimated 1.56 million patients received services from hospice (Figure 2). This estimate includes:

- 1,020,000 patients who died under hospice care in 2009
- 294,000 who remained on the hospice census at the end of 2009 (known as "carryovers")
- 243,000 patients who were discharged alive in 2009 for reasons including extended prognosis, desire for curative treatment, and other reasons (known as "live discharges").

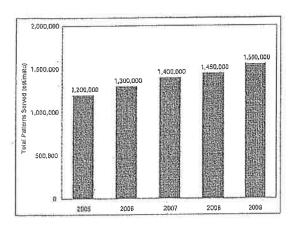


Figure 2. Total Hospice Patients Served by Year



Figure 3. Hospice Utilization in U.S.

What proportion of U.S. deaths is served by hospice?

The percent of U.S. deaths served by hospice is calculated by dividing the number of deaths in hospice (as estimated by NHPCO) by the total number of deaths in the U.S. as reported by the Centers for Disease Control and Prevention. For 2009, NHPCO estimates that approximately 41.6% of all deaths in the United States were under the care of a hospice program (Figure 3).



How long do most patients receive care?

The total number of days that a hospice patient receives care is referred to as the length of service (or length of stay). Length of service can be influenced by a number of factors including disease course, timing of referral, and access to care.

The median (50th percentile) length of service in 2009 was 21.1 days, a slight decrease from 21.3 in 2008. This means that half of hospice patients received care for less than three weeks and half received care for more than three weeks. The average length of service decreased from 69.5 days in 2008 to 69.0 in 2009 (Figure 4).1

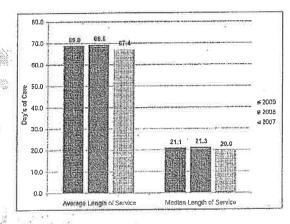


Figure 4. Length of Service by Year

Short and Long Lengths of Service

In 2009, a slightly smaller proportion of hospice patients (approximately 34.4%) died or were discharged within seven days of admission when compared to 2008 (35.4%). However, a slightly larger proportion of patients died or were discharged within 14 days of admission when

compared to 2008 (48.5% and 48.4% respectively). Fewer patients remained under hospice for longer than 180 days (11.8% in 2009 compared to 12.1% in 2008). This trend toward shorter lengths of service is consistent over the past several years.

Impact of Hospice Care on Survival

Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients.² In other words; patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care. Longer lengths of survival were found in four of the six disease categories studied. The largest difference in survival between the hospice and non-hospice cohorts was observed in congestive heart fallure patients where the mean survival period jumped from 321 days to 402 days. The mean survival period was also significantly longer for hospice patients with lung cancer (39 days) and pancreatic cancer (21 days), while marginally significant for colon cancer (33 days).

In a 2010 study published in the New England Journal of Medicine, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that "with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival."

Length of service can be reported as both an average and a median. The median, however, is considered a more meaningful measure for understanding the experience of the typical patient since it is not influenced by outliers (extreme values).

Connor SR, Pyenson B, Fitch K, Spence C, Iwasaki K. Comparing hospics and nonhospice patient survival among patients who die within a three-year window. J Paln Symptom Manage, 2007 Mar;33(3):238-46.

³ Ternel JS, Greer JA, Muzinkansky A, et. al. Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer. N Engl J Med. 2010 Aug;363(8):733-42.

Where do most hospice patients receive care?

The majority of patient care is provided in the place the patient calls "home" (Table 1). In addition to private residences, this includes nursing homes and residential facilities. In 2009, 68.6% of patients received care at home. The percentage of hospice patients receiving care in an inpatient facility increased slightly from 21.0% to 21.2%.

Table 1. Location of Death

Patient's Place of Residence	68.6%	68.8%
Private Residence	40.1%	40.7%
Nursing Home	18.9%	22.0%
Residential Facility	9.6%	6.1%
Hospice Inpatient Facility	21.2%	21.0%
Acute Care Hospital	10.1%	10.1%

Inpatient Facilities and Residences

In addition to providing home hospice care, nearly one in five hospice agencies also operate a dedicated inpatient unit or facility. Most of these facilities are either freestanding or located on a hospital campus and may provide a mix of general inpatient and residential care. Short-term inpatient care can be made available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time.

What are characteristics of the hospice patient population?

Patient Gender

More than half of hospice patients were female (Table 2).

Table 2. Percentage of Hospice Patients by Gender

- Patient Gende	r E	2009	2008
Female		53.8%	56,6%
Male		46.2%	43.4%

Patient Age

In 2009, 83.0% of hospice patients were 65 years of age or older—and more than one-third of all hospice patients were 85 years of age or older (Table 3). The pediatric and young adult population accounted for less than 1% of hospice admissions.

Table 3. Percentage of Hospice Patients by Age

Less than 24 years	0.4%	0.4%
25 - 34 years	0.4%	0.5%
35 - 64 years	16.3%	15.9%
65 - 74 years	16.3%	16.2%
75 - 84 years	28.7%	29.2%
85+ years	38.0%	37:8%

Hospice Utilization in 65+ Age Group

A recent in-depth analysis of all Medicare beneficiaries age 65+ who died in 2002 validated what previous, smaller studies have shown about this population: female decedents use hospice services more than their male counterparts (30% vs. 27% in 2002); white decedents use hospice services more than blacks (29% vs. 22% in 2002); and close to one in three older Americans use hospice services (28.6% in 2002).

Hospice use was also found to be higher for diseases that impose a high burden on caregivers, or diseases for which prognostic accuracy is easier to achieve. The three causes of death with the highest hospice utilization rates (malignancies, nephritis/kidney disease, and Alzheimer's disease) correspond to diseases that commonly impose high burdens of caregiving on family caregivers and/or that make it easier for decision makers to predict the time frame of death.

Patient Ethnicity and Race

Following U.S. Census guidelines, NHPCO reports Hispanic ethnicity as a separate concept from race. In 2009, five percent of patients were identified as being of Hispanic or Latino origin (Table 4)

Table 4. Percentage of Hospice Patients by Ethnicity

Patient Lthnicity	2009	2008
Non-Hispanic or Latino origin	94.7%	94.4%
Hispanic or Latino origin	5.3%	5.6%

Patients of minority (non-Caucasian) race accounted for nearly one of every five hospice patients in 2009 (Table 5).

Table 5. Percentage of Hospice Patients by Race

White/Caucasian	80.5%	81.9%
Multiracial or Other Race	8.7%	9.5%
Black/African American	8.7%	7.2%
Asian, Hawaiian, Other Pacific Islander	1.9%	1.1%
American Indian or Alaskan Native	0.2%	0.3%

Primary Diagnosis

When hospice care in the United States was established in the 1970s, cancer patients made up the largest percentage of hospice admissions. Today, cancer diagnoses account for less than half of all hospice admissions (40.1%) (Table 6). Currently, less than 25 percent of U.S. deaths are now caused by cancer, with the majority of deaths due to other terminal diseases.⁵

The top four non-cancer primary diagnoses for patients admitted to hospice in 2009 were debility unspecified (13.1%), heart disease (11.5%), dementia (11.2%), and lung disease (8.2%).

Connor SR, Elwert F, Spence C, Christakis NA. Geographic variation in hospice use in the United States in 2002. J Pain Symptom Manage. 2007 Sep;34(3):277-85. Connor SR, Elwert F, Spence C, Christakis NA, Racial disparity in hospice use in the United States in 2002. Palliat Med. 2008 Apr;22(3):205-13.

Xu J, Kochanek KD, Murphy SL, Tejoda-Vera B. Deaths: Final Data for 2007; National Vital Statistics Reports; vol 58 no 19. Hyattsville, MD. National Center for Heath Statistics, 2010

Table 6. Percentage of Hospice Admissions by Primary Diagnosis

Cancer	40.1%	38.39
Non-Cancer Diagnoses	59.9%	61.79
Debility Unspecified	13.1%	15.39
Heart Disease	11.5%	11.79
Dementia	11.2%	11.19
Lung Disease	8.2%	7.99
Other	4.5%	4.49
Stroke or Coma	4.0%	4.09
Kidney Disease (ESRD)	3.8%	2.89
Non-ALS Motor Neuron	1.9%	1.59
Liver Disease	1.8%	2.19
HIV / AIDS	0.4%	0.59
Amyotrophic Lateral Sclerosis (ALS)	0.4%	0.49



How many hospices were in operation in 2009?

The number of hospice programs nationwide continues to increase — from the first program that opened in 1974 to approximately 5,000 programs today (Figure 5). This estimate includes both primary locations and satellite offices. Hospices are located in all 50 states, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands.

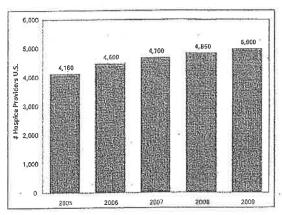


Figure 5. Total Hospice Providers by Year

Agency Type

The majority of hospices are independent, freestanding agencies (Table 7). The remaining agencies are either part of a hospital system, home health agency, or nursing home.

Table 7. Agency Type

1.8%
9.4%
9

Agency Size

Hospices range in size from small all-volunteer agencies that care for fewer than 50 patients per year to large, national corporate chains that care for thousands of patients each day.

One measure of agency size is total admissions over the course of a year. In 2009, 79.4% of hospices had fewer than 500 total admissions (Table 8).

Table 8. Total Patient Admissions

Total Patient Admissi	ons. 2009.	2008
1 to 49	17.1%	18.1%
50 to 150	29.4%	29.5%
151 to 500	32.9%	32.1%
501 to 1,500	16.1%	16.1%
> 1,500	4.5%	4.2%

Another indicator of agency size is daily census, which is the number of patients cared for by a hospice program on a given day. In 2009, the mean average daily census was 116.3 patients and the median (50th percentile) average daily census was 63.8 patients. Almost one quarter of providers routinely care for more than 100 patients per day (Figure 6).

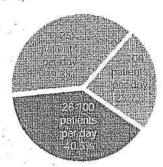


Figure 6. Average Daily Census

Organizational Tax Status

Hospice agencies are organized into three tax status categories:

- 1. Not-for-profit [charitable organization subject to 501(c)3 tax provisions]
- 2. For-profit (privately owned or publicly held entities)
- Government (owned and operated by federal, state, or local municipality)

Based on NHPCO membership and survey data, 49.0% of providers held not-for-profit tax status and 47.0% held

for-profit status in 2009 (Figure 7). Government-owned programs, such as U.S. Department of Veterans Affairs medical centers and county-run hospices, comprise the smallest percentage of hospice providers (about 4% in 2009).

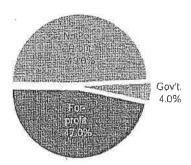


Figure 7. Tax Status Distribution

The number of for-profit Medicare-certified hospice providers has been steadily increasing over the past several years. (Figure 8). In contrast, the number of Medicare-certified not-for-profit or government providers has remained almost constant over the same period.

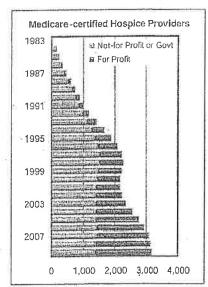


Figure 8. Growth in Medicare-Certified Hospice Providers

Who Pays for Care?

Financial concerns can be a major burden for many patients and families facing a terminal illness. Hospice care is covered under Medicare, Medicaid, and most private insurance plans and patients receive hospice care regardless of ability to pay.

Hospice Participation in Medicare

The Medicare hospice benefit, enacted by Congress in 1982, is the predominate source of payment for hospice care. The percentage of hospice patients covered by the Medicare hospice benefit versus other payment sources was 83.4% in 2009 (Table 9). The percentage of patient days covered by the Medicare hospice benefit versus other sources was 89% (Table 10).

Table 9. Percentage of Patients Served by Payer

Payer	2009	2008
Medicare Hospice Benefit	83.4%	84.3%
Managed Care or Private Insurance	8.6%	7.8%
Medicaid Hospice Benefit	4.9%	5.1%
Uncompensated or Charity Care	1.6%	1.3%
Self Pay	0.7%	0.7%
Other Payment Source	0.8%	0.8%

Table 10. Percentage of Patient Care Days by Payer

Medicare Hospice Benefit	89.0%		88.8%
Managed Care or Private Insurance	4.8%		5.0%
Medicaid Hospice Benefit	4.3%	*:	4.3%
Uncompensated or Charity Care	0.9%		0.9%
Self Pay	0.4%		0.4%
Other Payment Source	0.6%		0.6%

Most hospice agencies (93.0%) have been certified by the Centers for Medicare and Medicaid Services (CMS) to provide services under the Medicare hospice benefit. In 2009, there were more than 3,400 certified hospice agencies. Figure 9 shows the distribution of Medicarecertified hospice providers by state.

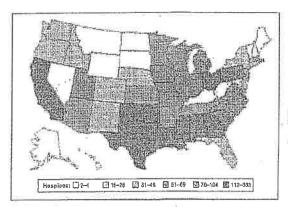


Figure 9. Medicare-Certified Hospices by State

Non-certified providers fall into two categories:

- Provider seeking Medicare certification (e.g., a new hospice);
- 2. Provider not seeking certification. This group includes providers that 1) may have been formerly certified by Medicare and voluntarily dropped certification, or 2) have never been certified. The provider may have an arrangement with a home health agency to provide skilled medical services, or it may be an all-volunteer program that covers patient care and staffing expenses through donations and the use of volunteer staff.

Does hospice save money?

Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period

of time. For cancer patients, hospice use decreased Medicare costs up until 233 days of hospice care. For non-cancer patients, there were cost savings seen up until 154 days of care. While hospice use beyond these periods cost Medicare more than conventional care, the report's authors wrote that "More effort should be put into increasing short stays as opposed to focusing on shortening long ones."

How Much Care is Received?

What services are provided to patients and families?

Among its major responsibilities, the interdisciplinary hospice team:

- · Manages the patient's pain and symptoms
- Assists the patient with the emotional and psychosocial and spiritual aspects of dylng
- Provides needed drugs, medical supplies, and equipment
- Instructs the family on how to care for the patient
- Delivers special services like speech and physical therapy when needed
- Makes short-term inpatient care available when pain or symptoms become too difficult to treat at home, or the caregiver needs respite time
- Provides bereavement care and counseling to surviving family and friends.

What level of care do most hospice patients receive?

There are four general levels of hospice care:

Home-based Care

- Routine Home Care: Patient receives hospice care at the place he/she resides.
- Continuous Home Care: Patient receives hospice
 care consisting predominantly of licensed nursing
 care on a continuous basis at home. Continuous
 home care is only furnished during brief periods
 of crisis and only as necessary to maintain the
 terminally ill patient at home.

Inpatient Care

- General Inpatient Care: Patient receives general inpatient care in an inpatient facility for pain control or acute or complex symptom management which cannot be managed in other settings.
- 4. Inpatient Respite Care: Patient receives care in an approved facility on a short-term basis in order to provide respite for the caregiver.

Taylor DH Jr, Ostermann J, Van Houtven CH, Tulsky JA, Steinhauser K. What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program? Soc Sci Med. 2007 Oct;65(7):1466-76.

In 2009, routine home care comprised the vast majority of hospice patient care days (Table 11).

Table 11. Percentage of Patient Care Days by Level of Care

Routine Home Care	95.9%	95.9%
General Inpatient Care	2.9%	2.9%
Continuous Care	1.0%	1.0%
Continuous Care Respite Care	0.2%	1.

Staffing Management and Service Delivery

Hospice team members generally provide service in one or more of the following areas:

- Direct clinical care, including patient care delivery, visits, charting, team meetings, travel, and the arrangement or coordination of care
- Non-clinical care, including administrative functions
- · Bereavement services.

Hospice staff time centers on direct care for the patient and family: 69.7% of home hospice full-time equivalent employees (FTEs) and 69.6% of total FTEs were designated for direct patient care or bereavement support in 2009 (Table 12). Nursing staff continues to comprise the largest percentage of FTEs by discipline, while bereavement staff represent the smallest.

The number of patients that a clinical staff member is typically responsible for varies by discipline. In 2009, the average patient caseload for a home health aide was 9.8 patients, 10.8 patients for a nurse case manager, and 24 patients for a social worker.

Table 12. Distribution of Paid Staff FTEs

Staff Position	2009	0
Clinical (direct patient care)	65.5%	65.
Nursing	30.7%	31.2
Home Health Aides	18.1%	17.6
Social Services	9.0%	9.1
Physicians (excludes volunteers)	2.2%	2.1
Chaplains	3.9%	3.4
Other Clinical	2.1%	2.7
Nursing (indirect clinical)	8.1%	8,2
Non-clinical (administrative/general)	22.4%	24.2
Bereavement	4.2%	4.2

Volunteer Commitment

The U.S. hospice movement was founded by volunteers and there is continued commitment to volunteer service. NHPCO estimates that in 2009, 468,000 hospice volunteers provided 22 million hours of service. Hospice volunteers provide service in three general areas:

- Spending time with patients and families ("direct patient care")
- Providing clerical and other services that support patient care and clinical services ("clinical support")
- Helping with fundraising efforts and/or the board of directors ("general support").

In 2009, most volunteers were assisting with direct patient care (57.6%), 21.5% provided patient care support and 20.9% provided general support.

Hospice is unique in that it is the only provider whose Medicare Conditions of Participation requires volunteers to provide at least five percent of total patient care hours.

In 2009, 5.6% of all clinical staff hours were provided by volunteers. The typical hospice volunteer devoted 46.6 hours of service over the course of the year and patient care volunteers made an average of 18 visits to hospice patients.



Bereavement Support

There is continued commitment to be reavement services for both family members of hospice patients and for the community at large. For a minimum of one year following their loved one's death, grieving families of hospice patients can access be reavement education and support.

In 2009, for each patient death, an average of two family members received bereavement support from their

hospice. This support included follow-up phone calls, visits and mailings throughout the post-death year.

Most agencies (91.9%) also offer some level of bereavement services to the community; community members account for about 18.2% of those served by hospice bereavement programs.

Assessing the Quality of Hospice Care

Table 13. Sample NHPCO Hospice Performance Measures

Hospice team clear explained plan of c	1.5	% "Yes"	96.6%	96.5
Rating of care pati- received under car	eof	"Excellent"	75.6%	75.4
hospice.		* Excellent	75.020	70.1
Hospice response t evening / weekend		6 "Excellent"	66.4%	65.9
		eavydnyomes	a viets	on the c
How well services				ENGINEE OF
needs of the bereat				
client.	%	"Very Well"	76.9%	76.7
- in - man		2215		
End Result Onto	Williams			建設原

A system of performance measurement is essential to quality improvement and needs to be a component of every hospice organization's quality strategy. For optimal effectiveness, performance measurement results should include internal comparisons over time as well as external comparisons with peers.

NHPCO offers multiple tested performance measures that yield useful, meaningful, and actionable data that can be used to:

- · Identify components of quality care
- Discover what areas of care delivery are effective
- Target specific areas for improvement

NHPCO also provides comparative reporting of results for these performance measures as a member benefit. In addition, NHPCO is engaged in the development of new performance measures, plus ongoing refinement and enhancement of the current measures. Several examples of NHPCO measures can be found in Table 13.

Additional Statistics for NHPCO Members

National Summary of Hospice Care

Active hospice and palliative care provider members of the National Hospice and Palliative Care Organization may access additional statistics in NHPCO's National Summary of Hospice Care. This annual report includes comprehensive statistics on provider demographics, patient demographics, service delivery, inpatient services, and cost of care. It is provided exclusively to NHPCO members at no cost, and it can be downloaded from the National Data Set survey Web page at www. nhpco.org/nds.7

A partial list of summary tables includes:

- Inputient facility statistics
 - Level of care
 - Length of service
 - Staffing
- Length of service by:
 - Agency size
 - Agency type
 - Primary diagnosis
- Palliative care services
 - Percent providing palliative consult services
 - Percent providing palliative care services at home or in an inpatient facility
 - Percent of physician hours devoted to palliative clinical care
- Patient visits
 - Visits per home care admission
 - Visits per day
 - Visits per week

- Payer mix by:
 - Agency tax status
 - Agency type
- Revenue and expenses

NHPCO Performance Measure Reports

NHPCO members also have access to nationallevel summary statistics for the following NHPCO performance measurement tools:

- 1. End Result Outcome Measures (EROM) (www.nhpco.org/outcomemeasures)
 - Pain relief within 48 hours of admission
 - Avoiding unwanted hospitalization
 - Avoiding unwanted CPR
- 2. Family Evaluation of Bereavement Services (FEBS) (www.nhpco.org/febs)8
- Family Evaluation of Hospice Care (FEHC) (www.nhpco.org/fehc)9
- Survey of Team Attitudes and Relationships (STAR)¹⁰ (www.nhpco.org/star)
 - Job satisfaction (hospice-specific)
 - · Salary ranges
 - Provider-level results

A valid NHPCO member ID and password are required to access the NHPCO National Summary of Hospice Care report. This report is only available to current hospice and palliative care members of NHPCO.

Participating agencies receive provider-level reports comparing their hospice's results to national estimates.

Participating agencies receive provider-level reports comparing their hospice's results to national estimates and peer groups.

¹⁰ The STAR national summary report is available for purchase by both NHPCO members and non-members through NHPCO's Marketplace.

BROOKINGS

SERIES: State of Metropolitan America | Number 34 of 64

Paper | June 28, 2011

The Uneven Aging and "Younging" of America: State and Metropolitan Trends in the 2010 Census

By: William H. Frey

America is beginning to show its age as the baby boom generation advances toward full-fledged senior-hood. But the pace of this aging will vary widely across the national landscape due to noticeable geographic shifts in the younger population, with implications for health care, transportation, and housing, and possible impacts upon our ability to forge societal consensus.

The Uneven Aging of America

An analysis of data from the 1990, 2000, and 2010 decennial censuses reveals that:

Due to baby boomers "aging in place," the population age 45 and over grew 18 times as fast as the population under age 45 between 2000 and 2010. All states and metropolitan areas are showing noticeable growth in their older and "advanced middle age" populations which, for the first time, comprise a majority of the nation's voting-age population.

Although all parts of the nation are aging, there is a growing divide between areas that are experiencing gains or losses in their younger populations. In 28 of the 50 states, and 36 of the 100 largest metro areas, the population below age 45 declined from 2000 to 2010. Yet in 29 metro areas, including Las Vegas, Orlando, Houston, and Atlanta, the under-45 population grew by at least 10 percent over the decade.

Areas experiencing the fastest senior (age 65+) growth are located in the Sun Belt, while areas with the highest concentrations of seniors are located primarily in Florida, the Northeast, and the Midwest. Yet baby boom generation "pre-seniors," now just turning 65, are growing rapidly in all areas of the country due to aging in place. College towns such as Austin, Raleigh, Provo, and Madison are among those where pre-seniors are growing fastest.

Suburbs are aging more rapidly than cities with higher growth rates for their age-45-and-above populations and larger shares of seniors. People age 45 and older represent 40 percent of suburban residents, compared to 35 percent of city residents.

Metropolitan suburbs differ sharply in the degree to which they are attracting young adults and children. The suburbs of 34 metropolitan areas, mostly in the Northeast and Midwest, registered declines in their child and under-45 populations in the 2000s, leaving high concentrations of "advanced middle aged" and older residents. An even larger number of cities experienced losses in these younger populations.

AUTHOR

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CMS Issues Medicaid Hospice Rates for FY2014

September 13, 2013 08:52 AM

In an August 30, 2013 Memorandum to Associate Regional Administrators in the Division of Medicaid, the Centers for Medicare & Medicaid Services (CMS) issued payment rates that will govern reimbursement for Medicaid hospice services during Fiscal Year (FY) 2014. As with the Medicare rates for FY2014 (http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2766CP.pdf) issued previously, the Memorandum outlines one set of rates applicable to hospices that met quality data submission requirements of the Hospice Quality Reporting Program (HQRP) and another for those hospices that failed to submit the required quality data.

Following are the rates that will be applicable for the fiscal year beginning October 1, 2013:

Table 1: FY2014 Hospice MEDICAID Payment Rates for Hospice Providers that Have Submitted the Required Quality Data

DESCRIPTION	DAILY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON-WEIGHTED AMOUNT
Routine Home Care	\$156.26	\$107.37	\$48.89
Continuous Home Care	\$911.14 full rate=24 hours of care/\$37.96 hourly rate	\$626.05	\$285.09
npatient Respite Care	\$169,92	\$91.98	\$77.94
General Inpatient Care	\$694.19	\$444.35	\$249.84

Table 2: FY2014 Hospice MEDICAID Payment Rates for Hospice Providers that Have NOT Submitted the Required Quality Data

DESCRIPTION	DAILY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON-WEIGHTED AMOUNT
Routine Home Care	\$153.19	\$105.26	\$47.93
Continuous Home Care	\$893.22 full rate=24 hours of care/\$37.22 hourly rate	\$613.73	\$279.49
npatient Respite Care	\$166.57	\$90.17	\$76.40
General Inpatient Care	\$680.54	\$435.61	\$244.93

The formula to apply to determine the hospice rates for a local geographic region is: Geographic Factor (from the Medicare wage index) x Wage Component Subject to Index + Non-weighted Amount.

The Medicare wage index values for FY2014 are available on CMS' Hospice Center web page (http://www.cms.gov/Center/Provider-Type/Hospice-Center.html), under Wage Index Files.

Below are the FY2014 Medicare Hospice Payment Rates for comparison.

Table 3: FY2014 MEDICARE Hospice Payment Rates Updated by the estimated Hospice Payment Update Percentage

Code	Description	FY2014 final Payment Rate	Labor Share of the final payment rate	Non-Labor share of the final payment rate
651	Routine Home Care	\$156.06	\$107.23	\$48.83
652	Continuous Home Care Full Rate = 24 hours of care \$=37.95 hourly rate	\$910.78	\$625.80	\$284.98
655	Inpatient Respite Care	\$161.42	\$87.38	\$74.04
556	General Inpatient Care	\$694.19	\$444.35	\$249.84

Table 4: MEDICARE Hospice Payment Update Percentage for Hospices That DO NOT Submit the Required **Quality Data**

Code	Description	FY2014 final Payment Rate	Labor Share of the final payment rate	Non-Labor share of the final
				payment rate

651	Routine Home Care	\$152.99	\$105.12	\$47.87
652	Continuous Home Care full Rate=24 hours of care \$=37.20 hourly rate	\$892.87	\$613.49	\$279.38
655	Inpatient Respite Care	\$158.24	\$85.66	\$72.58
656	General Inpatient Care	\$680.54	\$435.61	\$244.93

Back (http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=4&ved=0CDoQFjAD&url=http%3A% 2F%2Fwww.nahc.org%2Fmobile%2FNAHCReport%2Fnr130912_2% 2F&ei=9WddUsHjEcex4APThoCgBg&usg=AFQjCNEJdKldAUO-CC7Wgj8QRx_SlUBSXw&bvm=bv.53899372,d.dmg)

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Home > Medicare > Hospice > Medicare Hospice Data

Medicare Hospice Data

Medicare Hospice Data Trends: 1998 - 2009

Background

To be eligible to elect the Medicare hospice benefit, beneficiaries must be certified by their attending physician (if any) and by the hospice physician as being terminally ill with a prognosis of 6 months or less to live, should the illness run its normal course. See the "Hospice Data 1998-2009" file in the Downloads section below.

Expenditures

Expenditures for the Medicare hospice benefit have increased approximately \$1 billion per year. In calendar year (CY) 1998, expenditures for the Medicare hospice benefit were \$2.2 billion, while in CY 2009, expenditures for the Medicare hospice benefit were \$12.1 billion [source: Health Care Information System (HCIS)].

Number of Beneficiaries

The table entitled "Top 20 Hospice Terminal Diagnoses By Number of Patients" provides a summary of hospice data from 1998 to 2009, using calendar year data from HCIS. This table shows the top 20 diagnoses for each year, based on the number of Medicare hospice patients with that diagnosis; the percentage of all Medicare patients for the year which that diagnosis represents; and the average length of stay for that diagnosis. The last row of the table provides the national total of patients for all diagnoses by year, along with the national average length of stay.

The national totals by year clearly demonstrate that Medicare hospice expenditures are growing. There were more than twice as many Medicare hospice patients in 2009 than in 1998.

Hospice Terminal Diagnoses

The table also shows that the frequency of some hospice terminal diagnoses has changed over time, with relatively fewer cancer patients and relatively more non-cancer patients as a percentage of total hospice patients. Lung cancer has been recognized as the most common diagnosis among Medicare hospice patients every year since 1998. However, in 2006 non-Alzheimer's dementia became the most common diagnosis among Medicare hospice patients. The percentage of Medicare hospice patients with lung cancer dropped from 16% in 1998 to 9% in 2009. In addition, we are seeing a notable increase in the number of neurologically-based diagnoses. We are also seeing a marked increase in non-specific diagnoses such as "Debility, Not Otherwise Specified", and "Adult Failure to Thrive".

Average Length of Stay

Along with the shift in the mix of hospice patients, there exists a significant increase in the average length of stay (LOS) for hospice patients. In 1998, the average LOS for hospice patients was 48 days, but by 2006 it had risen to 73 days (a 52% increase). Since 2006, the average LOS has begun to decline slightly, dropping to 71 days in 2009, which is a 48% increase from 1998. Charts 1 and 2 show that the average LOS varies by diagnosis. For the top twenty diagnoses in 2009, the average LOS ranged from 27 days for chronic kidney disease to 106 days for Alzheimer's disease and other degenerative conditions. While the average LOS from 1998–2009 for hospice patients with diagnoses such as chronic kidney disease or cancers has remained relatively stable, the average LOS rose significantly for most other diagnoses, thought it has recently begun to decline slightly. Charts 1 and 2 graphically demonstrate the difference in the changes in lengths of stay for cancers versus other diagnoses in the top 20 list.

Summary

More Medicare beneficiaries are taking advantage of the quality and compassionate care provided through the hospice benefit. As greater numbers of beneficiaries have availed themselves of the benefit, the mix of hospice patients has changed, with relatively fewer cancer patients as a percentage of total patients.

Note: Please refer to "Hospice Data 1998-2008" file in Downloads section below to see 1998 statistics.

Downloads

Hospice Data 1998-2009 [ZIP, 217KB] Hospice Data 1998-2008 [ZIP, 122KB]



A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244

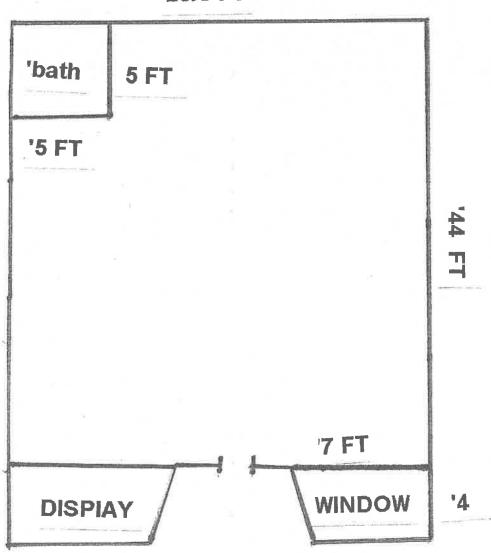


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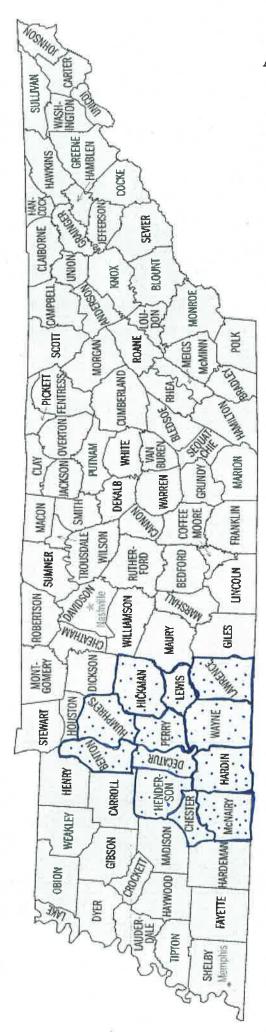


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Tennessee County Map



Demographic Variable/Geographic Area	Benton	Chester	Decatur	Hardin	Henderson	Нісктап	ҢпшЪрьсъ	Гамгепсе	siwaJ	McNairy	Perry	Уаупе	Syc Area	leioT VT
Total Pop. 2014	16,257	17,472	11,822	26,012	28,186	24,422	18,498	42,329	12,112	26,582	8,014	16,854	248,560	6,588,698
Total Pop. 2016	16,177	17,731	11,938	26,128	28,384	24,527	18,525	42,394	12,132	26,950	8,057	16,797	249,740	6,710,579
Total Pop. % Change	-0.5%	1.5%	1.0%	0.4%	0.7%	0.4%	0.1%	0.2%	0.2%	1.4%	0.5%	-0.3%	0.5%	1.8%
65+ Pop. 2014	3,701	2,749	2,579	5,397	4,737	3,953	3,575	7,483	2,200	5,064	1,707	3,005	46,150	981,984
65+ Pop. 2016	3,805	2,855	2,603	5,650	4,998	4,201	3,703	7,757	2,330	5,301	1,824	3,113	48,140	1,042,071
65+ % change	3.3%	2.3%	-0.1%	4.2%	4.8%	2.8%	3.4%	3.5%	5.7%	3.3%	6.3%	3.9%	3.8%	6.1%
65+ Pop. As % of Total 2016	24%	16%	22%	22%	18%	17%	20%	18%	19%	20%	23%	19%	19%	16%
Median Age	41.6	34.1	41.2	39.8	37.3	36.3	39.0	36.2	37.3	39.1	39.8	37.3		38.0
Median Household Income	33,663	42,097	34,146	33,044	37,784	42,330	41,943	36,663	33,956	33,066	32,101	35,377		44,140
TennCare Enrollees	3,385	3,355	2,459	6,164	5,963	5,238	3,401	8,399	2,435	6,714	1,809	2,837	52,159	1,184,986
TennCare Enrollees as % of Total	20.8%	19.2%	20.8%	23.7%	21.2%	21.4%	18.4%	19.8%	20.1%	25.3%	22.6%	16.8%	21.0%	18.0%
Persons Below Poverty Level	3,316	2,953	2,471	5,775	4,933	3,981	2,590	7,619	2,350	6,247	1,939	3,489	47,662	1,139,845
Persons Below Poverty Level as a % of Total	20.4%	16.9%	20.9%	22.2%	17.5%	16.3%	14.0%	18.0%	19.4%	23.5%	24.2%	20.7%	19.2%	17.3%

Notes: 2014 and 2016 Population Data from TDOH, Office of Policy, Planning and Assessment, Division of Health Statistics

Median Age from US Census Bureau, FactFinder (Attachment C.Need.4.a).

TennCare Enrollees from Tennessee Bureau of TennCare, Enrollees, as of December 2013.

Persons Below Poverty Level as a % of Total and Median Household Income from US Census Bureau, State and County QuickFacts,

Persons below Poverty Level from (Total Population of 2014) times (Persons Below Poverty as % of Total 2008-2012).



DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

 $NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see \\ http://www.census.gov/prod/cen2000/doc/sf1.pdf$

Subject	Benton County	
and the second s	Number	Percent
otal population	16,537	100.
SEX AND AGE		
Male	8,006	48.
Female	8,531	51.
Under 5 years	855	5.
5 to 9 years	1,082	6.
10 to 14 years	1,057	6.
15 to 19 years	1,008	6.
20 to 24 years	799	4.
25 to 34 years	1,920	11.
35 to 44 years	2,414	14.
45 to 54 years	2,375	14.
55 to 59 years	1,078	6.
60 to 64 years	1,017	6.
65 to 74 years	1,603	9.
75 to 84 years	976	5.5
85 years and over	353	2.
Median age (years)	41.6	(X
18 years and over	12,896	78.
Male	6,159	37.
Female	6,737	40.
21 years and over	12,382	74.
62 years and over	3,509	21.
65 years and over	2,932	17.
Male	1,215	7.
Female	1,717	10.
RACE		
One race	16,423	99.
White	15,948	96.
Black or African American	348	2.
American Indian and Alaska Native	54	0.3
Asian	40	0.3
Asian Indian	3	0.0
Chinese	5	0.0
Filipino	13	0.
Japanese	6	0.0
Korean	2	0.0
Vietnamese	2	0.0
Other Asian [1]	9	0.0
Native Hawaiian and Other Pacific Islander	0	0.0
Native Hawaiian		
Guamanian or Chamorro	0	0.0
Samoan	0	0.0
Other Pacific Islander [2]	0	0.0

Subject	Benton County	
	Number	Percent
Some other race	33	0.2
Two or more races	114	0.7
Race alone or in combination with one or more other races [3]		
White	16,057	97.1
Black or African American	360	2.2
American Indian and Alaska Native	113	0.7
Asian	63	0.4
Native Hawaiian and Other Pacific Islander	6	0.0
Some other race	59	0.4
HISPANIC OR LATINO AND RACE		
Total population	16,537	100.0
Hispanic or Latino (of any race)	157	0.9
Mexican	62	0.4
Puerto Rican	21	0.1
Cuban	3	0.0
Other Hispanic or Latino	71	0.4
Not Hispanic or Latino	16,380	99.1
White alone	15,834	95.7
RELATIONSHIP	.0,001	00.11
Total population	16,537	100.0
In households	16,264	98.3
Householder	6,863	41.5
Spouse	3,987	24.1
Child	4,168	25.2
Own child under 18 years	3,204	19.4
Other relatives	758	4.6
Under 18 years	368	2.2
Nonrelatives	488	3.0
Unmarried partner	253	1.5
In group quarters	273	1.7
Institutionalized population	218	1.3
Noninstitutionalized population	55	0.3
HOUSEHOLDS BY TYPE	55	0.3
Total households	6,863	100.0
Family households (families)	4.888	71.2
With own children under 18 years		27.3
Married-couple family	1,872	58.1
With own children under 18 years	3,987	
Female householder, no husband present	1,392	20.3
	651	9.5
With own children under 18 years	355	5.2
Nonfamily households	1,975	28.8
Householder living alone	1,766	25.7
Householder 65 years and over	842	12.3
Households with individuals under 18 years	2,119	30.9
Households with individuals 65 years and over	2,055	29.9
Average household size	2.37	(X)
Average family size	2.82	(X)
HOUSING OCCUPANCY		
Total housing units	8,595	100.0
Occupied housing units	6,863	79.8
Vacant housing units	1,732	20.2
For seasonal, recreational, or occasional use	801	9.3
Homeowner vacancy rate (percent)	3.2	(X)
Rental vacancy rate (percent)	13.9	(X)
HOUSING TENURE		
Occupied housing units	6,863	100.0
Owner-occupied housing units	5,527	80.5
Renter-occupied housing units	1,336	19.5
Average household size of owner-occupied unit	2.38	(X)

Subject	Benton County	, Tennessee
	Number	Percent
Average household size of renter-occupied unit	2.33	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P,17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.



DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see http://www.census.gov/prod/cen2000/doc/sf1.pdf

Subject	Chester County	Chester County, Tennessee	
	Number	Percent	
Total population	15,540	100.0	
SEX AND AGE			
Male	7,550	48.6	
Female	7,990	51.4	
Under 5 years	1,046	6.7	
5 to 9 years	1,044	6.7	
10 to 14 years	1,062	6.8	
15 to 19 years	1,369	8.8	
20 to 24 years	1,484	9.5	
25 to 34 years	1,921	12.4	
35 to 44 years	2,175	14.0	
45 to 54 years	1,940	12.5	
55 to 59 years	739	4.8	
60 to 64 years	639	4.1	
65 to 74 years	1,121	7.2	
75 to 84 years	721	4.6	
85 years and over	279	1.8	
Median age (years)	34.1	(X)	
18 years and over	11,778	75.8	
Male	5,587	36.0	
Female	6,191	39.8	
21 years and over	10,570	68.0	
62 years and over	2,507	16.1	
65 years and over	2,121	13.6	
Male	862	5.5	
Female	1,259	8.1	
RACE			
One race	15,373	98.9	
White	13,696	88.1	
Black or African American	1,558	10.0	
American Indian and Alaska Native	35	0.2	
Asian	36	0.2	
Asian Indian	8	0.1	
Chinese	2	0.0	
Filipino	11	0.1	
Japanese	3	0.0	
Korean	10	0.1	
Vietnamese [,]	0	0.0	
Other Asian [1]	2	0.0	
Native Hawaiian and Other Pacific Islander	0	0.0	
Native Hawaiian	0	0.0	
Guamanian or Chamorro	. 0	0.0	
Samoan	0	0.0	
Other Pacific Islander [2]	0	0.0	

Subject	Chester County, Tennessee	
	Number	Percent
Some other race	48	0.:
Two or more races	167	1.7
Race alone or in combination with one or more other		
races [3] White	13,851	89.
Black or African American	1,592	10.
American Indian and Alaska Native	104	0.7
Asian	66	0.4
Native Hawaiian and Other Pacific Islander	12	0
Some other race	89	0.6
HISPANIC OR LATINO AND RACE	- 00	0.0
Total population	15,540	100.0
Hispanic or Latino (of any race)	150	1.0
Mexican	94	0.6
Puerto Rican	14	- 0.1
Cuban	5	0.0
Other Hispanic or Latino	37	0.2
Not Hispanic or Latino	15,390	99.0
White alone	13,612	87.6
RELATIONSHIP	10,012	07.0
Total population	15,540	100.0
In households	14,419	92.8
Householder	5,660	36.4
Spouse	3,340	21.5
Child	4,265	27.4
Own child under 18 years	3,339	21.5
Other relatives	677	4.4
Under 18 years	319	2.1
Nonrelatives	477	3.1
Unmarried partner	208	1.3
In group quarters		
Institutionalized population	1,121	7.2
Noninstitutionalized population	161	1.0
HOUSEHOLDS BY TYPE	960	6.2
Total households	5.000	400.0
The state of the s	5,660	100.0
Family households (families)	4,198	74.2
With own children under 18 years	1,900	33.6
Married-couple family	3,340	59.0
With own children under 18 years	1,423	25.1
Female householder, no husband present	650	11.5
With own children under 18 years	375	6.6
Nonfamily households	1,462	25.8
Householder living alone	1,280	22.6
Householder 65 years and over	614	10.8
Households with individuals under 18 years	2,098	37.1
Households with individuals 65 years and over	1,506	26.6
Average household size	2.55	(X)
Average family size	2.97	(X)
HOUSING OCCUPANCY		
Total housing units	6,178	100.0
Occupied housing units	5,660	91.6
Vacant housing units	518	8.4
For seasonal, recreational, or occasional use	86	1,4
Homeowner vacancy rate (percent)	1.4	(X)
Rental vacancy rate (percent)	8.3	(X)
HOUSING TENURE		
Occupied housing units	5,660	100.0
Owner-occupied housing units	4,377	77.3
Renter-occupied housing units	1,283	22.7
Average household size of owner-occupied unit	2.59	(X)

Subject	Chester County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.39	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P,17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.



DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

 $NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see \\ http://www.census.gov/prod/cen2000/doc/sf1.pdf$

Subject	Decatur County, Tennessee	
	Number	Percent
Total population	11,731	100.0
SEX AND AGE		
Male	5,700	48.6
Female	6,031	51.4
Under 5 years	661	5.0
5 to 9 years	715	6.1
10 to 14 years	707	6.0
15 to 19 years	720	6.1
20 to 24 years	669	5.7
25 to 34 years	1,414	12.1
35 to 44 years	1,624	13.8
45 to 54 years	1,628	13.9
55 to 59 years	744	6.3
60 to 64 years	718	6.1
65 to 74 years	1,124	9.6
75 to 84 years	694	5.9
85 years and over	313	2.7
Median age (years)	41,2	(X
18 years and over	9,182	78.3
Male	4,397	37.5
Female	4,785	40.8
21 years and over	8,789	74.9
62 years and over	2,567	21.9
65 years and over	2,131	18.2
Male	868	7.4
Female	1,263	10.8
RACE	1,200	10.0
One race	11,642	99.2
White	11,041	94.1
Black or African American	407	3.5
American Indian and Alaska Native	27	0.2
Asian	23	0.2
Asian Indian	9	0.2
Chinese	4	0.0
Filipino	3	
Japanese	1	0.0
Korean		0.0
Vietnamese	3	0.0
Other Asian [1]	0	0.0
Native Hawaiian and Other Pacific Islander	3	0.0
Native Hawaiian	3	0.0
	1	0.0
Guamanian or Chamorro	1	0.0
Samoan	0	0.0
Other Pacific Islander [2]	1	0.0

Subject	Decatur County, Tennessee	
	Number	Percent
Some other race	141	1.2
Two or more races	89	3.0
Race alone or in combination with one or more other		
races [3] White	11,126	94.8
Black or African American	431	3.7
American Indian and Alaska Native	80	0.7
Asian	33	0.7
Native Hawaiian and Other Pacific Islander	6	0.1
Some other race	150	1.3
HISPANIC OR LATINO AND RACE	150	1.0
Total population	11,731	100.0
Hispanic or Latino (of any race)	229	2.0
Mexican	159	1.4
Puerto Rican	14	0.1
Cuban	3	0.1
Other Hispanic or Latino	53	
Not Hispanic or Latino		0.5 98.0
White alone	11,502 10,954	
RELATIONSHIP	10,954	93.4
Total population	44.704	100.0
In households	11,731	100.0
Householder	11,501	98.0
	4,908	41.8
Spouse Child	2,785	23.7
	2,993	25.5
Own child under 18 years Other relatives	2,286	19.5
	439	3.7
Under 18 years	206	1.8
Nonrelatives	376	3.2
Unmarried partner	188	1.6
In group quarters	230	2.0
Institutionalized population	230	2.0
Noninstitutionalized population	0	0.0
HOUSEHOLDS BY TYPE		
Total households	4,908	100.0
Family households (families)	3,415	69.6
With own children under 18 years	1,340	27.3
Married-couple family	2,785	56.7
With own children under 18 years	1,016	20.7
Female householder, no husband present	444	9.0
With own children under 18 years	226	4.6
Nonfamily households	1,493	30.4
Householder living alone	1,357	27.6
Householder 65 years and over	660	13.4
Households with individuals under 18 years	1,502	30.6
Households with individuals 65 years and over	1,480	30.2
Average household size	2.34	(X)
Average family size	2.82	(X)
HOUSING OCCUPANCY		
Total housing units	6,448	100.0
Occupied housing units	4,908	76.1
Vacant housing units	1,540	23.9
For seasonal, recreational, or occasional use	957	14.8
Homeowner vacancy rate (percent)	1.9	(X)
Rental vacancy rate (percent)	9,4	(X)
HOUSING TENURE		1.11
Occupied housing units	4,908	100.0
Owner-occupied housing units	3,929	80.1
Renter-occupied housing units	979	19.9
Average household size of owner-occupied unit	2.38	(X)

Subject	Decatur County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.21	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P,17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.

U.S. Census Bureau

FactFinder Q

DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see http://www.census.gov/prod/cen2000/doc/sf1.pdf

Subject	Hardin County, Tennessee	
	Number	Percent
Total population	25,578	100.
SEX AND AGE		
Male	12,574	49.
Female	13,004	50.
Under 5 years	1,497	5.
5 to 9 years	1,693	6.
10 to 14 years	1,675	6.
15 to 19 years	1,621	6.
20 to 24 years	1,429	5.
25 to 34 years	3,172	12.
35 to 44 years	3,637	14.
45 to 54 years	3,704	14.
55 to 59 years	1,653	6.
60 to 64 years	1,385	5
65 to 74 years	2,292	9.
75 to 84 years	1,361	5.
85 years and over	459	1.
Median age (years)	39.8	0
18 years and over	19,681	76
Male	9,441	36
Female	10,240	40
21 years and over	18,787	73
62 years and over	4,913	19
65 years and over	4,112	16
Male	1,705	6
Female	2,407	9
RACE		
One race	25,394	99
White	24,277	94
Black or African American	944	3
American Indian and Alaska Native	50	0
Asian	42	0
Asian Indian	16	0.
Chinese	6	0
Filipino	5	0.
Japanese	2	0.
Korean	3	0.
Vietnamese	8	0.
Other Asian [1]	2	0.
Native Hawaiian and Other Pacific Islander	4	0.
Native Hawaiian	1	0.
Guamanian or Chamorro	1	0.
Samoan	2	0.
Other Pacific Islander [2]	0	0.0

Subject	Hardin County, Tennessee	
	Number	Percent
Some other race	77	0.3
Two or more races	184	0.7
Race alone or in combination with one or more other races [3]		
White	24,439	95.
Black or African American	1,001	3.
American Indian and Alaska Native	157	0.0
Asian	62	0.3
Native Hawaiian and Other Pacific Islander	8	0.0
Some other race	102	0.4
HISPANIC OR LATINO AND RACE	102	0.
Total population	25,578	100.6
Hispanic or Latino (of any race)	260	1.0
Mexican	146	0.0
Puerto Rican	18	0.1
Cuban	9	0.0
Other Hispanic or Latino	87	0.0
Not Hispanic or Latino		99.0
White alone	25,318	
White alone RELATIONSHIP	24,099	94.2
	05 570	400
Total population In households	25,578	100.0
10 A	25,114	
Householder	10,426	40.8
Spouse	5,975	23.4
Child	6,899	27.0
Own child under 18 years	5,259	20.6
Other relatives	1,067	4.2
Under 18 years	493	1.9
Nonrelatives	747	2.9
Unmarried partner	406	1.6
In group quarters	464	1.8
Institutionalized population	399	1.6
Noninstitutionalized population	65	0.3
HOUSEHOLDS BY TYPE		752
Total households	10,426	100.0
Family households (families)	7,442	71.4
With own children under 18 years	3,093	29.7
Married-couple family	5,975	57.3
With own children under 18 years	2,327	22.3
Female householder, no husband present	1,055	10.1
With own children under 18 years	561	5.4
Nonfamily households	2,984	28.6
Householder living alone	2,657	25.5
Householder 65 years and over	1,230	11.8
Households with individuals under 18 years	3,422	32.8
Households with individuals 65 years and over	2,883	27.7
Average household size	2.41	(X
Average family size	2.87	(X
HOUSING OCCUPANCY		
Total housing units	12,807	100.0
Occupied housing units	10,426	81.4
Vacant housing units	2,381	18.6
For seasonal, recreational, or occasional use	1,161	9.1
Homeowner vacancy rate (percent)	2.7	(X
Rental vacancy rate (percent)	11.3	(X
HOUSING TENURE	11.0	10.3
Occupied housing units	10,426	100.0
Owner-occupied housing units	8,054	77.2
Renter-occupied housing units	2,372	22.8
Average household size of owner-occupied unit	2,372	(X)

Subject	Hardin County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.32	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race,

U.S. Census Bureau

FactFinder Q

DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see http://www.census.gov/prod/cen2000/doc/sf1.pdf

Subject	Subject Henderson County	
	Number	Percent
otal population	25,522	100.
SEX AND AGE		
Male	12,290	48.
Female	13,232	51.
Under 5 years	1,652	6.
5 to 9 years	1,748	6.
10 to 14 years	1,753	6.
15 to 19 years	1,725	6.
20 to 24 years	1,558	6.
25 to 34 years	3,384	13.
35 to 44 years	3,967	15.
45 to 54 years	3,543	13.
55 to 59 years	1,447	5.
60 to 64 years	1,114	4.
65 to 74 years	2,013	7.
75 to 84 years	1,204	4.
85 years and over	414	1.
Median age (years)	37.3	()
18 years and over	19,310	75
Male	9,148	35
Female	10,162	39
21 years and over	18,295	71.
62 years and over	4,270	16.
65 years and over	3,631	14
Male	1,450	5
Female	2,181	8
RACE		
One race	25,282	99.
White	23,085	90.
Black or African American	2,042	8.
American Indian and Alaska Native	33	0.
Asian	35	0
Asian Indian	11	0.
Chinese	6	0.
Filipino	6	0.
Japanese	0	0.
Korean	6	0
Vietnamese	2	0.
Other Asian [1]	4	0.
Native Hawaijan and Other Pacific Islander	3	0.
Native Hawaiian	1	0.
Guamanian or Chamorro	0	0.
Samoan	1	0.
Other Pacific Islander [2]	1	0.

Subject	Henderson County, Tennessee	
	Number	Percent
Some other race	84	0.
Two or more races	240	0.
Race alone or in combination with one or more other		
races [3] White	23,316	91.
Black or African American	2,141	8.
American Indian and Alaska Native	149	0.0
Asian	49	0.3
Native Hawaiian and Other Pacific Islander	4	0.0
Some other race	108	0.4
HISPANIC OR LATINO AND RACE	100	
Total population	25,522	100.
Hispanic or Latino (of any race)	247	1.4
Mexican	140	0.
Puerto Rican	29	0.
Cuban	2	0.
Other Hispanic or Latino	76	0.:
Not Hispanic or Latino	25,275	99.0
White alone	22,932	89.
RELATIONSHIP	22,532	09.
Total population	25,522	100.0
In households	25,170	98.6
Householder	10,306	40.4
Spouse		23.0
Child	5,863 7,194	23.0
Own child under 18 years		. 21.7
Other relatives	5,528	
Under 18 years	1,083	4.2
Nonrelatives	537	2.1
E172315W2A900R	724	2.8
Unmarried partner	376	1.5
In group quarters	352	1.4
Institutionalized population	271	1.1
Noninstitutionalized population HOUSEHOLDS BY TYPE	81	0.3
	10.000	100 (
Total households	10,306	100.0
Family households (families)	7,451	72.3
With own children under 18 years	3,324	32.3
Married-couple family	5,863	56.9
With own children under 18 years	2,417	23.5
Female householder, no husband present	1,201	11.7
With own children under 18 years	703	6.8
Nonfamily households	2,855	27.7
Householder living alone	2,564	24.9
Householder 65 years and over	1,105	10.7
Households with individuals under 18 years	3,688	35.8
Households with individuals 65 years and over	2,604	25.3
Average household size	2.44	(X
Average family size	2.90	(X
HOUSING OCCUPANCY		
Total housing units	11,446	100.0
Occupied housing units	10,306	90.0
Vacant housing units	1,140	10.0
For seasonal, recreational, or occasional use	124	1.1
Homeowner vacancy rate (percent)	1.6	(X
Rental vacancy rate (percent)	11.7	(X
HOUSING TENURE		
Occupied housing units	10,306	100.0
Owner-occupied housing units	8,169	79.3
Renter-occupied housing units	2,137	20.7
Average household size of owner-occupied unit	2.49	(X)

Subject	Henderson County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.25	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.



Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see http://www.census.gov/prod/cen2000/doc/sf1.pdf

Subject	ubject Hickman County,		
	Number	Percent	
Total population	22,295	100.	
SEX AND AGE			
Male	11,801	52.	
Female	10,494	47.	
Under 5 years	1,458	6.	
5 to 9 years	1,521	6.	
10 to 14 years	1,635	7.	
15 to 19 years	1,456	6.	
20 to 24 years	1,325	5.	
25 to 34 years	3,250	14.	
35 to 44 years	3,669	16.	
45 to 54 years	3,070	13.	
55 to 59 years	1,201	5.	
60 to 64 years	1,041	4.	
65 to 74 years	1,461	6.	
75 to 84 years	941	4.	
85 years and over	267	1.	
Median age (years)	36.3	(X	
18 years and over	16,792	75.	
Male	8,851	39.	
Female	7,941	35.	
21 years and over	15,961-	71.	
62 years and over	3,276	14.	
65 years and over	2,669	12.	
Male	1,126	5.	
Female	1,543	6.	
RACE			
One race	22,095	99.	
White	20,893	93.	
Black or African American	1,009	4.	
American Indian and Alaska Native	108	0.	
Asian	18	0.	
Asian Indian	2	0.	
Chinese	0	0.	
Filipino	7	0.	
Japanese	2	0.	
Korean	3	0.	
Vietnamese	0	0.	
Other Asian [1]	4	0.	
Native Hawaiian and Other Pacific Islander	3	0.	
Native Hawaiian	2	0.	
Guamanian or Chamorro	1	0.0	
Samoan	0	0.0	
Other Pacific Islander [2]	0	0.0	

Subject	Hickman County, Tennessee	
0	Number	Percent
Some other race	64	0.3
Two or more races	200	0.9
Race alone or in combination with one or more other races [3]		
White	21,082	94.6
Black or African American	1,043	4.7
American Indian and Alaska Native	252	1.1
Asian	39	0,2
Native Hawaiian and Other Pacific Islander	7	0.0
Some other race	83	0.4
HISPANIC OR LATINO AND RACE		
Total population	22,295	100.0
Hispanic or Latino (of any race)	222	1.0
Mexican	116	0.5
Puerto Rican	26	0.1
Cuban	7	0.0
Other Hispanic or Latino	73	0.3
Not Hispanic or Latino	22,073	99.0
White alone	20,761	93.1
RELATIONSHIP	20,101	00.1
Total population	22,295	100.0
In households	20,909	93.8
Householder	8,081	36.2
Spouse	4,803	21.5
Child	6,327	28.4
Own child under 18 years	4,932	22.1
Other relatives	899	4.0
Under 18 years	396	1.8
Nonrelatives	799	3.6
Unmarried partner		
	418	1.9
In group quarters	1,386	6.2
Institutionalized population	1,373	6.2
Noninstitutionalized population	13	0.1
HOUSEHOLDS BY TYPE Total households		100.0
TOTAL TITUE OF THE PARTY OF THE	8,081	100.0
Family households (families)	5,952	73.7
With own children under 18 years	2,736	33.9
Married-couple family	4,803	59.4
With own children under 18 years	2,092	25.9
Female householder, no husband present	776	9.6
With own children under 18 years	427	5.3
Nonfamily households	2,129	26.3
Householder living alone	1,830	22.6
Householder 65 years and over	800	9.9
Households with individuals under 18 years	2,995	37.1
Households with individuals 65 years and over	1,923	23.8
Average household size	2.59	(X)
Average family size	3.02	(X)
HOUSING OCCUPANCY		
Total housing units	8,904	100.0
Occupied housing units	8,081	90.8
Vacant housing units	823	9.2
For seasonal, recreational, or occasional use	174	2.0
Homeowner vacancy rate (percent)	2.0	(X)
Rental vacancy rate (percent)	8.0	(X)
HOUSING TENURE		, ,
Occupied housing units	8,081	100.0
Owner-occupied housing units	6,479	80.2
Renter-occupied housing units	1,602	19.8
Average household size of owner-occupied unit	2.60	(X)

Subject	Hickman County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.55	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

U.S. Census Bureau



DP-1

Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see http://www.census.gov/prod/cen2000/doc/sf1.pdf

Subject			
	Number	Percent	
Total population	17,929	100.	
SEX AND AGE			
Male	8,819	49.	
Female	9,110	50.8	
Under 5 years	1,072	6.0	
5 to 9 years	1,207	6.	
10 to 14 years	1,244	6.	
15 to 19 years	1,171	6.	
20 to 24 years	954	5.	
25 to 34 years	2,246	12.	
35 to 44 years	2,689	15.	
45 to 54 years	2,576	14.	
55 to 59 years	1,145	6.	
60 to 64 years	970	5.	
65 to 74 years	1,528	8.	
75 to 84 years	865	4.	
85 years and over	262	1.	
Median age (years)	39.0	(>	
18 years and over	13,647	76.	
Male	6,580	36.	
Female	7,067	39.	
21 years and over	13,038	72.	
62 years and over	3,231	18.	
65 years and over	2,655	14.	
Male	1,118	6.	
Female	1,537	8,	
RACE			
One race	17,777	99.	
White	17,125	95.	
Black or African American	527	2.	
American Indian and Alaska Native	48	0.	
Asian	46	0.	
Asian Indian	16	0.	
Chinese	10	0.	
Filipino	3	0.0	
Japanese	2	0.	
Korean	2	0,0	
Vietnamese	8	0.0	
Other Asian [1]	5	0.0	
Native Hawaiian and Other Pacific Islander	2	0.0	
Native Hawaiian	2	0.0	
Guamanian or Chamorro	0	0.0	
Samoan	0	0.0	
Other Pacific Islander [2]	0	0.0	

Subject	Humphreys Coun Number	ty, Tennessee Percent
Some other race	29	0.2
Two or more races	152	0.2
Race alone or in combination with one or more other	102	0,0
races [3]		
White	17,263	96.3
Black or African American	562	3.1
American Indian and Alaska Native	124	0.7
Asian	63	0.4
Native Hawaiian and Other Pacific Islander	10	0.1
Some other race	66	0.4
HISPANIC OR LATINO AND RACE		
Total population	17,929	100.0
Hispanic or Latino (of any race)	148	0.8
Mexican	68	0.4
Puerto Rican	14	0.1
Cuban	8	0.0
Other Hispanic or Latino	58	0.3
Not Hispanic or Latino	17,781	99.2
White alone	17,030	95.0
RELATIONSHIP		
Total population	17,929	100.0
In households	17,696	98.7
Householder	7,238	40.4
Spouse	4,144	23.1
Child	4,919	27.4
Own child under 18 years	3,816	21.3
Other relatives	713	4.0
Under 18 years	315	1.8
Nonrelatives	682	3.8
Unmarried partner	356	2.0
In group quarters	233	1.3
Institutionalized population	174	1.0
Noninstitutionalized population	59	0.3
HOUSEHOLDS BY TYPE		
Total households	7,238	100.0
Family households (families)	5,145	71.1
With own children under 18 years	2,196	30.3
Married-couple family	4,144	57.3
With own children under 18 years	1,616	22.3
Female householder, no husband present	735	10.2
With own children under 18 years	441	6.1
Nonfamily households	2,093	28.9
Householder living alone	1,808	25.0
Householder 65 years and over	767	10.6
Households with individuals under 18 years	2,438	33.7
Households with individuals 65 years and over	1,900	26.3
Average household size	2.44	(X)
Average family size	2.90	(X)
HOUSING OCCUPANCY	2.30	(^)
Total housing units	8,482	100.0
Occupied housing units		
Vacant housing units	7,238	85.3
For seasonal, recreational, or occasional use	1,244	14.7
Homeowner vacancy rate (percent)	526	
	1.8	(X)
Rental vacancy rate (percent)	13.2	(X)
HOUSING TENURE		
Occupied housing units	7,238	100.0
Owner-occupied housing units	5,641	77.9
Renter-occupied housing units	1,597	22.1
Average household size of owner-occupied unit	2.45	(X)

Subject	Humphreys County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.44	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

3 of 3



Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see $\label{eq:htp://www.census.gov/prod/cen2000/doc/sf1.pdf} http://www.census.gov/prod/cen2000/doc/sf1.pdf$

Subject	Lawrence Count	Lawrence County, Tennessee	
	Number	Percent	
Total population	39,926	100.0	
SEX AND AGE			
Male	19,380	48.	
Female	20,546	51.	
Under 5 years	2,666	6.7	
5 to 9 years	2,996	7.5	
10 to 14 years	3,051	7.6	
15 to 19 years	2,766	6.9	
20 to 24 years	2,325	5.8	
25 to 34 years	5,404	13.5	
35 to 44 years	5,796	14.	
45 to 54 years	5,111	12.8	
55 to 59 years	2,156	5.4	
60 to 64 years	1,918	4.8	
65 to 74 years	3,083	7.7	
75 to 84 years	2,007	5.0	
85 years and over	647	1.6	
Median age (years)	36.2	(X	
18 years and over	29,473	73.8	
Male	13,976	35.0	
Female	15,497	38.8	
21 years and over	27,957	70.0	
62 years and over	6,822	17.1	
65 years and over	5,737	14.4	
Male	2,254	5.6	
Female	3,483	8.7	
RACE	91.00		
One race	39,636	99.3	
White	38,660	96.8	
Black or African American	587	1.5	
American Indian and Alaska Native	128	0.3	
Asian	96	0.2	
Asian Indian	30	0.1	
Chinese	8	0.0	
Filipino	20	0.1	
Japanese	8	0.0	
Korean	22	0.0	
Vietnamese	3	0.0	
Other Asian [1]	5	0.0	
Native Hawaiian and Other Pacific Islander			
Native Hawaiian	9	0.0	
Guamanian or Chamorro	1	0.0	
Samoan	3	0.0	
Other Pacific Islander [2]	2	0.0	

Subject	Lawrence County, Tennessee	
Some other race	Number 156	Percent
Two or more races	290	0.4
Race alone or in combination with one or more other	290	0.7
races [3]		
White	38,938	97.5
Black or African American	660	1.7
American Indian and Alaska Native	290	0.7
Asian	123	0.3
Native Hawaiian and Other Pacific Islander	27	0.1
Some other race	194	0.5
HISPANIC OR LATINO AND RACE		
Total population	39,926	100.0
Hispanic or Latino (of any race)	399	1.0
Mexican	234	0.6
Puerto Rican	29	0.1
Cuban	32	0.1
Other Hispanic or Latino	104	0.3
Not Hispanic or Latino	39,527	99.0
White alone	38,431	96.3
RELATIONSHIP		
Total population	39,926	100.0
In households	39,559	99.1
Householder	15,480	38.8
Spouse	9,155	22.9
Child	12,253	30.7
Own child under 18 years	9,542	23.9
Other relatives	1,524	3.8
Under 18 years	724	1.8
Nonrelatives	1,147	2.9
Unmarried partner	569	1.4
In group quarters	367	0.9
Institutionalized population	365	0.9
Noninstitutionalized population	2	0.0
HOUSEHOLDS BY TYPE		
Total households	15,480	100.0
Family households (families)	11,369	73.4
With own children under 18 years	5,220	33.7
Married-couple family	9,155	59.1
With own children under 18 years	3,956	25.6
Female householder, no husband present	1,641	10.6
With own children under 18 years	947	6.1
Nonfamily households	4,111	26.6
Householder living alone	3,672	23.7
Householder 65 years and over	1,767	11.4
Households with individuals under 18 years	5,682	36.7
Households with individuals 65 years and over		
Average household size	4,102	26.5
Average family size	2.56	(X)
HOUSING OCCUPANCY	3.02	(X)
Total housing units	40.004	400.0
	16,821	100.0
Occupied housing units	15,480	92.0
Vacant housing units	1,341	8.0
For seasonal, recreational, or occasional use	102	0.6
Homeowner vacancy rate (percent)	2.0	(X)
Rental vacancy rate (percent)	10.2	(X)
HOUSING TENURE	24101224	9900000
Occupied housing units	15,480	100.0
Owner-occupied housing units	11,928	77.1
Renter-occupied housing units	3,552	22.9
Average household size of owner-occupied unit	2,60	(X)

Subject	Lawrence County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.40	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.



Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see \$\$http://www.census.gov/prod/cen2000/doc/sf1.pdf

Subject	Lewis County,	Lewis County, Tennessee	
	Number	Percent	
Total population	11,367	100.	
SEX AND AGE			
Male	5,594	49.2	
Female	5,773	50.8	
Under 5 years	739	6.5	
5 to 9 years	790	6.9	
10 to 14 years	842	7.4	
15 to 19 years	872	7,	
20 to 24 years	642	5.0	
25 to 34 years	1,392	12.3	
35 to 44 years	1,726	15,2	
45 to 54 years	1,624	14.3	
55 to 59 years	666	5.9	
60 to 64 years	529	4.7	
65 to 74 years	857	7.5	
75 to 84 years	485	4.3	
85 years and over	203	1.8	
Median age (years)	37.3	(X	
18 years and over	8,429	74.:	
Male	4,035	35.5	
Female	4,394	38.7	
21 years and over	7,998	70.4	
62 years and over	1,847	16.2	
65 years and over	1,545	13.6	
Male	632	5.6	
Female	913	8.0	
RACE	0.0		
One race	11,276	99.2	
White	11,034	97.1	
Black or African American	165	1.5	
American Indian and Alaska Native	23	0.2	
Asian	21	0.2	
Asian Indian	2	0.0	
Chinese	3	0.0	
Filipino	10	0.1	
Japanese	1	0.0	
Korean	2	0.0	
Vietnamese	1	0.0	
Other Asian [1]	2		
Native Hawaiian and Other Pacific Islander	0	0.0	
Native Hawaiian		0.0	
Guamanian or Chamorro	0	0.0	
Samoan	0	0.0	
Other Pacific Islander [2]	0	0.0	

Subject	Lewis County, Tennessee	
	Number	Percent
Some other race	33	0.3
Two or more races	91	0.8
Race alone or in combination with one or more other races [3]		
White	11,122	97.8
Black or African American	187	1.6
American Indian and Alaska Native	70	0.6
Asian	29	0.3
Native Hawaiian and Other Pacific Islander	1	0.0
Some other race	56	0.5
HISPANIC OR LATINO AND RACE		
Total population	11,367	100.0
Hispanic or Latino (of any race)	136	1.2
Mexican	89	0.8
Puerto Rican	10	0.1
Cuban	10	0.0
Other Hispanic or Latino	36	0.3
Not Hispanic or Latino	11,231	98.8
White alone		
RELATIONSHIP	10,940	96.2
Total population	44.067	100.0
In households	11,367	
Householder	11,134	98.0
	4,381	38.5
Spouse	2,579	22.7
Child	3,297	29.0
Own child under 18 years	2,571	22.6
Other relatives	493	4.3
Under 18 years	236	2.1
Nonrelatives	384	3.4
Unmarried partner	199	1.8
In group quarters	233	2.0
Institutionalized population	226	2.0
Noninstitutionalized population	7	0.1
HOUSEHOLDS BY TYPE		
Total households	4,381	100.0
Family households (families)	3,216	73.4
With own children under 18 years	1,453	33.2
Married-couple family	2,579	58.9
With own children under 18 years	1,106	25.2
Female householder, no husband present	467	10.7
With own children under 18 years	260	5.9
Nonfamily households	1,165	26.6
Householder living alone	1,030	23.5
Householder 65 years and over	464	10.6
Households with individuals under 18 years	1,621	37.0
Households with individuals 65 years and over	1,100	25.1
Average household size	2.54	(X)
Average family size	2.98	(X)
HOUSING OCCUPANCY		
Total housing units	4,821	100.0
Occupied housing units	4,381	90.9
Vacant housing units	440	9.1
For seasonal, recreational, or occasional use	49	1.0
Homeowner vacancy rate (percent)	3.0	(X)
Rental vacancy rate (percent)	10.4	(X)
HOUSING TENURE	10.7	(20)
Occupied housing units	4,381	100.0
Owner-occupied housing units		
Renter-occupied housing units	3,488	79.6
	893	20.4
Average household size of owner-occupied unit	2.57	(X

Subject	Lewis County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.41	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.



Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

 $NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see \\ http://www.census.gov/prod/cen2000/doc/sf1.pdf$

Subject	McNairy County, Te	, Tennessee
	Number	Percent
Total population	24,653	100,0
SEX AND AGE		
Male	11,958	48.5
Female	12,695	51.5
Under 5 years	1,522	6.2
5 to 9 years	1,722	7.0
10 to 14 years	1,627	6.6
15 to 19 years	1,546	6.3
20 to 24 years	1,412	5.7
25 to 34 years	3,038	12.3
35 to 44 years	3,555	14.4
45 to 54 years	3,439	13.9
55 to 59 years	1,555	6.3
60 to 64 years	1,307	5.3
65 to 74 years	2,161	8.8
75 to 84 years	1,288	5.2
85 years and over	481	2,0
Median age (years)	39.1	(X)
18 years and over	18,828	76.4
Male	8,989	36.5
Female	9,839	39.9
21 years and over	17.958	72.8
62 years and over	4,704	19.1
65 years and over	3,930	15.9
Male	1,597	6.5
Female	2,333	9.5
RACE		
One race	24,412	99.0
White	22,734	92.2
Black or African American	1,537	6.2
American Indian and Alaska Native	50	0.2
Asian	32	0.1
Asian Indian	15	0.1
Chinese	0	0.0
Filipino	10	0.0
Japanese	1	0.0
Korean	2	0.0
Vietnamese	0	0.0
Other Asian [1]	4	0.0
Native Hawaiian and Other Pacific Islander	0	0.0
Native Hawaiian	0	0.0
Guamanian or Chamorro	0	0.0
Samoan	0	0.0
Other Pacific Islander [2]	0	0.0

Subject	McNairy County, Tennessee	
	Number	Percent
Some other race	59	0.2
Two or more races	241	1.0
Race alone or in combination with one or more other races [3]		
White	22,958	93.1
Black or African American	1,596	6.5
American Indian and Alaska Native	173	0.7
Asian	55	0.2
Native Hawaiian and Other Pacific Islander	28	0.1
Some other race	110	0.4
HISPANIC OR LATINO AND RACE		
Total population	24,653	100.0
Hispanic or Latino (of any race)	229	0.9
Mexican	130	0.5
Puerto Rican	26	0.1
Cuban	6	0.0
Other Hispanic or Latino	67	0.3
Not Hispanic or Latino	24,424	99.1
White alone	22,576	91.6
RELATIONSHIP	22,070	31.0
Total population	24,653	100.0
In households	24,055	97.9
Householder	9,980	40.5
Spouse		
Child	5,785	23.5
Own child under 18 years	6,668	27.0
Other relatives	5,159	20.9
	1,016	4.1
Under 18 years Nonrelatives	465	1.9
	676	2.7
Unmarried partner	338	1.4
In group quarters	528	2.1
Institutionalized population	358	1.5
Noninstitutionalized population	170	0.7
HOUSEHOLDS BY TYPE		
Total households	9,980	100.0
Family households (families)	7,133	71.5
With own children under 18 years	2,986	29.9
Married-couple family	5,785	58.0
With own children under 18 years	2,266	22.7
Female householder, no husband present	988	9.9
With own children under 18 years	527	5.3
Nonfamily households	2,847	28.5
Householder living alone	2,580	25.9
Householder 65 years and over	1,245	12.5
Households with individuals under 18 years	3,329	33.4
Households with individuals 65 years and over	2,819	28.2
Average household size	2.42	(X)
Average family size	2.89	(X)
HOUSING OCCUPANCY		
Total housing units	11,219	100.0
Occupied housing units	9,980	89.0
Vacant housing units	1,239	11.0
For seasonal, recreational, or occasional use	166	1.5
Homeowner vacancy rate (percent)	2.3	(X)
Rental vacancy rate (percent)	12.0	(X)
HOUSING TENURE		
Occupied housing units	9,980	100.0
Owner-occupied housing units	7,980	80.0
Renter-occupied housing units	2,000	20.0
Average household size of owner-occupied unit	2.43	(X)

Subject	McNairy County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.35	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.



Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

 $NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see \\ http://www.census.gov/prod/cen2000/doc/sf1.pdf$

Subject			Perry County, Tennessee
	Number	Percent	
otal population	7,631	100.0	
SEX AND AGE			
Male	3,797	49.8	
Female	3,834	50.2	
Under 5 years	466	6.1	
5 to 9 years	509	6.7	
10 to 14 years	574	7.	
15 to 19 years	493	6.	
20 to 24 years	394	5.	
25 to 34 years	907	11.9	
35 to 44 years	1,030	13.	
45 to 54 years	1,108	14.	
55 to 59 years	489	6.4	
60 to 64 years	411	5.4	
65 to 74 years	727	9.5	
75 to 84 years	371	4.9	
85 years and over	152	2.0	
Median age (years)	39.8	(X	
18 years and over	5,769	75.0	
Male	2,815	36.9	
Female	2,954	38.7	
21 years and over	5,510	72.2	
62 years and over	1,498	19.0	
65 years and over	1,250	16.4	
Male	550	7.5	
Female	700	9.:	
RACE	100		
One race	7,567	99.2	
White	7,368	96.6	
Black or African American	130	1.7	
American Indian and Alaska Native	26	0.3	
Asian	7	0.1	
Asian Indian	1	0.0	
Chinese	0	0.0	
Filipino	1	0.0	
Japanese	1	0.0	
Korean	3	0.0	
Vietnamese	0	0.0	
Other Asian [1]	1		
Native Hawaiian and Other Pacific Islander		0,0	
Native Hawaiian	11 2	0.1	
Guamanian or Chamorro	7	0.0	
Samoan		0.1	
Other Pacific Islander [2]	0 2	0.0	

Subject	Perry County,	
	Number	Percent
Some other race	25	0.3
Two or more races	64	0.0
Race alone or in combination with one or more other races [3]	Į.	
White	7,432	97.4
Black or African American	139	1.8
American Indian and Alaska Native	78	1.0
Asian	11	0.1
Native Hawaiian and Other Pacific Islander	11	0.1
Some other race	27	0.4
HISPANIC OR LATINO AND RACE	21	0
Total population	7,631	100.0
Hispanic or Latino (of any race)	61	0.8
Mexican	31	0.4
Puerto Rican	5	0.4
Cuban		
Other Hispanic or Latino	0	0.0
Not Hispanic or Latino	25	0.3
L	7,570	99.2
White alone RELATIONSHIP	7,333	96.1
Total population	7,631	100.0
In households	7,490	98.2
Householder	3,023	39.6
Spouse	1,792	23.5
Child	2,163	28.3
Own child under 18 years	1,684	22.1
Other relatives	288	3.8
Under 18 years	122	1.6
Nonrelatives	224	2.9
Unmarried partner	118	1.5
In group quarters	141	1.8
Institutionalized population	116	1.5
Noninstitutionalized population	25	0.3
HOUSEHOLDS BY TYPE		
Total households	3,023	100.0
Family households (families)	2,163	71.6
With own children under 18 years	926	30.6
Married-couple family	1,792	59.3
With own children under 18 years	726	24.0
Female householder, no husband present	265	8.8
With own children under 18 years	145	4.8
Nonfamily households	860	28.4
Householder living alone	761	25.2
Householder 65 years and over	389	12.9
Households with individuals under 18 years	1,021	33.8
Households with individuals 65 years and over	891	29.5
Average household size		
Average family size	2.48	(X)
HOUSING OCCUPANCY	2.96	(X)
Total housing units	4,115	100.0
Occupied housing units	3,023	73.5
Vacant housing units	1,092	26.5
For seasonal, recreational, or occasional use	677	16.5
Homeowner vacancy rate (percent)	2.0	(X)
Rental vacancy rate (percent)	11.7	(X)
HOUSING TENURE		
Occupied housing units	3,023	100.0
Owner-occupied housing units	2,600	86.0
Renter-occupied housing units	423	14.0
Average household size of owner-occupied unit	2.52	(X)

Subject	Perry County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.21	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.



Profile of General Demographic Characteristics: 2000

Census 2000 Summary File 1 (SF 1) 100-Percent Data

 $NOTE: For information on confidentiality protection, nonsampling error, definitions, and count corrections see \\ http://www.census.gov/prod/cen2000/doc/sf1.pdf$

Subject	Wayne County,	ounty, Tennessee	
	Number	Percent	
Total population	16,842	100.0	
SEX AND AGE			
Male	9,244	54.9	
Female	7,598	45.1	
Under 5 years	851	5.1	
5 to 9 years	1,023	6.1	
10 to 14 years	1,061	6.3	
15 to 19 years	1,073	6.4	
20 to 24 years	1,130	6.7	
25 to 34 years	2,629	15.6	
35 to 44 years	2,704	16.1	
45 to 54 years	2,280	13.5	
55 to 59 years	932	5.5	
60 to 64 years	869	5.2	
65 to 74 years	1,260	7.5	
75 to 84 years	771	4.6	
85 years and over	259	1.5	
Median age (years)	37.3	(X)	
18 years and over	13,243	78.6	
Male	7,370	43.8	
Female	5,873	34.9	
21 years and over	12,612	74.9	
62 years and over	2,792	16.6	
65 years and over	2,290	13.6	
Male	971	5.8	
Female	1,319	7.8	
RACE			
One race	16,736	99.4	
White	15,482	91.9	
Black or African American	1,145	6.8	
American Indian and Alaska Native	33	0,2	
Asian	42	0.2	
Asian Indian	9	0.1	
Chinese	0	0.0	
Filipino	13	0.1	
Japanese	2	0.0	
Korean	4	0.0	
Vietnamese	2	0.0	
Other Asian [1]	12	0.0	
Native Hawaiian and Other Pacific Islander	2	0.0	
Native Hawaiian	1	0.0	
Guamanian or Chamorro	1	0.0	
Samoan	0	0.0	
Other Pacific Islander [2]	0	0.0	

Subject	Wayne County, Tennessee	
O	Number	Percent
Some other race	32	0.2
Two or more races	106	0.6
Race alone or in combination with one or more other races [3]		
White	15,585	92.5
Black or African American	1,165	6.9
American Indian and Alaska Native	98	0.6
Asian	54	0.3
Native Hawaiian and Other Pacific Islander	4	0.0
Some other race	43	0.3
HISPANIC OR LATINO AND RACE		
Total population	16,842	100.0
Hispanic or Latino (of any race)	142	0,8
Mexican	58	0.3
Puerto Rican	7	0.0
Cuban	8	0.0
Other Hispanic or Latino	69	0.4
Not Hispanic or Latino	16,700	99.2
White alone	15,383	91.3
RELATIONSHIP	10,000	01.0
Total population	16,842	100.0
In households	14,675	87.1
Householder	5,936	35.2
Spouse	3,509	20.8
Child	4,221	25.1
Own child under 18 years	3,199	. 19.0
Other relatives	606	3.6
Under 18 years	292	1.7
Nonrelatives	403	2.4
Unmarried partner		
In group quarters	227	1.3
Institutionalized population	2,167	12.9
Noninstitutionalized population	2,100	12.5
HOUSEHOLDS BY TYPE	67	0.4
Total households		
	5,936	100.0
Family households (families)	4,324	72.8
With own children under 18 years	1,841	31.0
Married-couple family	3,509	59.1
With own children under 18 years	1,428	24.1
Female householder, no husband present	597	10.1
With own children under 18 years	301	5.1
Nonfamily households	1,612	27.2
Householder living alone	1,446	24.4
Householder 65 years and over	645	10.9
Households with individuals under 18 years	2,025	34.1
Households with individuals 65 years and over	1,587	26.7
Average household size	2.47	(X)
Average family size	2.93	(X)
HOUSING OCCUPANCY		
Total housing units	6,701	100.0
Occupied housing units	5,936	88.6
Vacant housing units	765	11.4
For seasonal, recreational, or occasional use	94	1.4
Homeowner vacancy rate (percent)	1.3	(X)
Rental vacancy rate (percent)	11.3	(X)
OUSING TENURE		(-7
Occupied housing units	5,936	100.0
Owner-occupied housing units	4,918	82.9
Renter-occupied housing units	1,018	17.1
Average household size of owner-occupied unit	2,52	(X)

Subject	Wayne County, Tennessee	
	Number	Percent
Average household size of renter-occupied unit	2.26	(X)

- (X) Not applicable.
- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

U.S. Census Bureau



DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: Tennessee

Subject	Number	Percent
SEX AND AGE		
Total population	6,346,105	100.
Under 5 years	407,813	6.4
5 to 9 years	412,181	6.
10 to 14 years	418,941	6.0
15 to 19 years	437,186	6.
20 to 24 years	426,244	6.
25 to 29 years	417,683	6.
30 to 34 years	406,314	6.
35 to 39 years	423,622	6.
40 to 44 years	430,508	6.
45 to 49 years	467,087	7.
50 to 54 years	459,349	7.
55 to 59 years	414,991	6.
60 to 64 years	370,724	5.
65 to 69 years	280,538	4.
70 to 74 years	206,536	3.
75 to 79 years	154,517	2.
80 to 84 years	111,954	1.
85 years and over	99,917	1.
Median age (years)	38.0	(X
16 years and over	5,022,781	79.
18 years and over	4,850,104	76.
21 years and over	4,580,604	72.
62 years and over	1,068,951	16.
65 years and over	853,462	13.
Male population	3,093,504	48.
Under 5 years	208,119	3.
5 to 9 years	210,090	3.
10 to 14 years	215,039	3.
15 to 19 years	223,002	3.
20 to 24 years	212,905	3.
25 to 29 years	206,997	3.
30 to 34 years	201,529	3.
35 to 39 years	209,760	3.
40 to 44 years	213,014	3.4
45 to 49 years	228,086	3.
50 to 54 years	222,283	3.
55 to 59 years	198,721	3.
60 to 64 years	177,924	2.
65 to 69 years	133,139	2.
70 to 74 years	94,112	1.5

Subject	Number	Percent
75 to 79 years	65,637	1.0
80 to 84 years	43,111	0.7
85 years and over	30,036	0.5
Median age (years)	36.7	(X)
16 years and over	2,417,135	38.1
18 years and over	2,328,323	36,7
21 years and over	2,192,141	34,5
62 years and over	469,585	7.4
65 years and over	366,035	5.8
Female population	3,252,601	51,3
Under 5 years	199,694	3.1
5 to 9 years	202,091	3.2
10 to 14 years	203,902	3.2
15 to 19 years	214,184	3.4
20 to 24 years	213,339	3.4
25 to 29 years	210,686	3.3
30 to 34 years	204,785	3.2
35 to 39 years	213,862	3.4
40 to 44 years	217,494	3.4
45 to 49 years	239,001	3.8
50 to 54 years	237,066	3.7
55 to 59 years	216,270	3.4
60 to 64 years	192,800	3.0
65 to 69 years	147,399	2.3
70 to 74 years	112,424	1.8
75 to 79 years	88,880	1.4
80 to 84 years	68,843	1.1
85 years and over	69,881	1.1
Median age (years)	39.2	(X)
16 years and over	2,605,646	41.1
18 years and over	2,521,781	39.7
21 years and over	2,388,463	37.6
62 years and over	599,366	9.4
65 years and over	487,427	7.7
RACE		
Total population	6,346,105	100.0
One Race	6,236,096	98.3
White	4,921,948	77.6
Black or African American	1,057,315	16.7
American Indian and Alaska Native	19,994	0.3
Asian	91,242	1.4
Asian Indian	23,900	0.4
Chinese	15,415	0.2
Filipino	9,247	0.1
Japanese	3,962	0,1
Korean	9,818	0.2
Vietnamese	10,033	0.2
Other Asian [1]	18,867	0.3
Native Hawaiian and Other Pacific Islander	3,642	0.1
Native Hawaiian	771	0.0
Guamanian or Chamorro	1,507	0.0
Samoan	516	0.0
Other Pacific Islander [2]	848	0.0
Some Other Race	141,955	2,2

Subject	Number	Percent
Two or More Races	110,009	1.7
White; American Indian and Alaska Native [3]	25,649	0.4
White; Asian [3]	15,145	0.2
White; Black or African American [3]	36,370	0.6
White; Some Other Race [3]	12,638	0.2
Race alone or in combination with one or more other		
races: [4] White	5,019,639	79.1
Black or African American	1,107,178	17.4
American Indian and Alaska Native	54,874	0.9
Asian	113,398	1.8
Native Hawaiian and Other Pacific Islander	7,785	0,1
Some Other Race	160,880	2.5
HISPANIC OR LATINO		
Total population	6,346,105	100.0
Hispanic or Latino (of any race)	290,059	4.6
Mexican	186,615	2.9
Puerto Rican	21,060	0.3
Cuban	7,773	0.1
Other Hispanic or Latino [5]	74,611	1,2
Not Hispanic or Latino	6,056,046	95.4
HISPANIC OR LATINO AND RACE		
Total population	6,346,105	100.0
Hispanic or Latino	290,059	4.6
White alone	121,166	1.9
Black or African American alone	7,924	0.1
American Indian and Alaska Native alone	3,692	0.1
Asian alone	931	0.0
Native Hawaiian and Other Pacific Islander alone	875	0.0
Some Other Race alone	135,533	2.1
Two or More Races	19,938	0.3
Not Hispanic or Latino	6,056,046	95.4
White alone	4,800,782	75.6
Black or African American alone	1,049,391	16.5
American Indian and Alaska Native alone	16,302	0.3
Asian alone	90,311	1.4
Native Hawaiian and Other Pacific Islander alone	2,767	0.0
Some Other Race alone	6,422	0.1
Two or More Races	90,071	1.4
RELATIONSHIP		
Total population	6,346,105	100.0
In households	6,192,633	97.6
Householder	2,493,552	39.3
Spouse [6]	1,214,794	19.1
Child	1,751,644	27.6
Own child under 18 years	1,285,208	20.3
Other relatives	405,901	6.4
Under 18 years	177,701	2.8
65 years and over	49,568	0.8
Nonrelatives	326,742	5.1
Under 18 years	28,453	0.4
65 years and over	12,037	0.2
Unmarried partner	145,134	2.3
In group quarters	153,472	2.4
Institutionalized population	84,371	1.3
Male	54,322	0.9

Subject	Number	Percent
Female	30,049	0.5
Noninstitutionalized population	69,101	1.1
Male	35,421	0.6
Female	33,680	0.5
HOUSEHOLDS BY TYPE		
Total households	2,493,552	100.0
Family households (families) [7]	1,679,177	67.3
With own children under 18 years	709,201	28.4
Husband-wife family	1,214,794	48.7
With own children under 18 years	466,514	18.7
Male householder, no wife present	118,949	4.8
With own children under 18 years	56,740	2.3
Female householder, no husband present	345,434	13.9
With own children under 18 years	185,947	7.5
Nonfamily households [7]	814,375	32.7
Householder living alone	671,286	26.9
Male	294,442	11.8
65 years and over	65,071	2.6
Female	376,844	15.1
65 years and over	168,139	6.7
Households with individuals under 18 years	813.892	32.6
Households with individuals 65 years and over	619,841	24.9
Average household size	2.48	(X)
Average family size [7]	3.01	(X)
HOUSING OCCUPANCY		
Total housing units	2,812,133	100.0
Occupied housing units	2,493,552	88.7
Vacant housing units	318,581	11.3
For rent	98,370	3.5
Rented, not occupied	3,980	0.1
For sale only	47,274	1.7
Sold, not occupied	10,518	0.4
For seasonal, recreational, or occasional use	60,778	2.2
All other vacants	97,661	3.5
Homeowner vacancy rate (percent) [8]	2.7	(X)
Rental vacancy rate (percent) [9]	11.0	(X)
IOUSING TENURE		
Occupied housing units	2,493,552	100.0
Owner-occupied housing units	1,700,592	68.2
Population in owner-occupied housing units	4,304,472	(X)
Average household size of owner-occupied units	2.53	(X)
Renter-occupied housing units	792,960	31.8
Population in renter-occupied housing units	1,888,161	(X)
Average household size of renter-occupied units	2.38	(X)

X Not applicable.

- [1] Other Asian alone, or two or more Asian categories.
- [2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.
- [3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.
- [4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.
 [5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South

American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder, It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited

during processing to "unmarried partner."
[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and

then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

U.S. Department of Commerce

Home Blogs About Us Index A to Z Glossery FAQs

People

Business

Geography

Data Research

Newsroom Search

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State & County QuickFacts

Benton County, Tennessee

People QuickFacts	Benton County	Tennessee
Population, 2013 estimate	NA	6,495,978
Population, 2012 estimate	16,361	6,454,914
Population, 2010 (April 1) estimates base	16,489	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	-0.8%	1.7%
Population, 2010	16,489	6,346,105
Persons under 5 years, percent, 2012	5.2%	6.3%
Persons under 18 years, percent, 2012	19.9%	23.1%
Persons 65 years and over, percent, 2012	21.1%	14.2%
Female persons, percent, 2012	50.7%	51.2%
White alone, percent, 2012 (a)	95.2%	79.3%
Black or African American alone, percent, 2012 (a)	2.5%	17.0%
American Indian and Alaska Native alone, percent, 2012	0.50/	0.404
(a)	0.5%	0.4%
Asian alone, percent, 2012 (a)	0.5%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.2%	1.6%
Hispanic or Latino, percent, 2012 (b)	2.2%	4.8%
White alone, not Hispanic or Latino, percent, 2012	93.2%	75.1%
Living in same house 1 year & over, percent, 2008-2012	89.0%	84.4%
Foreign born persons, percent, 2008-2012	1.3%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	2.2%	6,6%
High school graduate or higher, percent of persons age 25+, 2008-2012	78.8%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	10.6%	23.5%
Veterans, 2008-2012	1,785	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	24.1	24.1
Housing units, 2012	8,996	2,834,620
Homeownership rate, 2008-2012	79.7%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	3.4%	18.2%
Median value of owner-occupied housing units, 2008-2012	\$76,700	\$138,700
Households, 2008-2012	7,030	2,468,841
Persons per household, 2008-2012	2.30	2.51
Per capita money income in past 12 months (2012 dollars),		
2008-2012	\$18,310	\$24,294
Median household income, 2008-2012	\$33,663	\$44,140
Persons below poverty level, percent, 2008-2012	20.4%	17.3%
Business QuickFacts	Benton County	Tennessee
Private nonfarm establishments, 2011	294	129,489 ¹
Private nonfarm employment, 2011	3,226	2,300,542 ¹
Private nonfarm employment, percent change, 2010-2011	0.1%	1,6%
Nonemployer establishments, 2011	1,106	473,451
Total number of firms, 2007	1,519	545,348
Black-owned firms, percent, 2007	S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Paratrial magazi	•	5.,70

Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	s	25,9%
Manufacturers shipments, 2007 (\$1000)	82,258	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	35,221	80,116,528
Retail sales, 2007 (\$1000)	136,843	77,547,291
Retail sales per capita, 2007	\$8,472	\$12,563
Accommodation and food services sales, 2007 (\$1000)	13,340	10,626,759
Building permits, 2012	2	20,147
	Danton	

€1	Benton	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	394.14	41,234.90
Persons per square mile, 2010	41.8	153.9
FIPS Code	005	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Includes data not distributed by county.

Source U.S. Census Bureau: State and County QuickFacts, Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits Last Revised: Monday, 06-Jan-2014 17:38:00 EST

⁽a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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U.S. Department of Commerce

Home Blogs About Us Index A to Z Glossary FAQs

People

Business Geography

Data

Research

Newsroom Search

Ge

State & County QuickFacts

Chester County, Tennessee

People QuickFacts	Chester County	Tennessee
Population, 2013 estimate	NA	6,495,978
Population, 2012 estimate	17,171	6,454,914
Population, 2010 (April 1) estimates base	17,131	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	0.2%	1.7%
Population, 2010	17,131	6,346,105
Persons under 5 years, percent, 2012	5.1%	6.3%
Persons under 18 years, percent, 2012	22.4%	23.1%
Persons 65 years and over, percent, 2012	15.7%	14.2%
Female persons, percent, 2012	52.0%	51.2%
White alone, percent, 2012 (a)	88.2%	79.3%
Black or African American alone, percent, 2012 (a)	9.3%	17.0%
American Indian and Alaska Native alone, percent, 2012 (a)	0.5%	0.4%
Asian alone, percent, 2012 (a)	0.4%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent,		- 40
2012 (a)	Z	
Two or More Races, percent, 2012	1.6%	
Hispanic or Latino, percent, 2012 (b)	2.5%	
White alone, not Hispanic or Latino, percent, 2012	86.1%	75,1%
Living in same house 1 year & over, percent, 2008-2012	86.5%	84.4%
Foreign born persons, percent, 2008-2012	1.4%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	4.0%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	80.2%	83,9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	15,5%	23.5%
Veterans, 2008-2012	1,228	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	29,2	24.
Housing units, 2012	7,006	2,834,620
Homeownership rate, 2008-2012	73.6%	68,4%
Housing units in multi-unit structures, percent, 2008-2012	7.3%	18.2%
Median value of owner-occupied housing units, 2008-2012	\$107,600	\$138,700
Households, 2008-2012	6,034	2,468,841
Persons per household, 2008-2012	2.63	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$19,345	\$24,294
Median household income, 2008-2012	\$42,097	\$44.140
Persons below poverty level, percent, 2008-2012	16.9%	17.3%
	Chester	
Business QuickFacts	County	Tennessee
Private nonfarm establishments, 2011	248	129,489
Private nonfarm employment, 2011	3,098	2,300,542
Private nonfarm employment, percent change, 2010-2011	10.3%	1.6%
Nonemployer establishments, 2011	1,021	473,451
Total number of firms, 2007	1,253	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	s	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms,		

Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 (\$1000)	0 ¹	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	24,445	80,116,528
Retail sales, 2007 (\$1000)	117,681	77,547,291
Retail sales per capita, 2007	\$7,319	\$12,563
Accommodation and food services sales, 2007 (\$1000)	11,578	10,626,759
Building permits, 2012	19	20,147
	Chester	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	285.74	41,234.90
Persons per square mile, 2010	60.0	153.9
FIPS Code	023	47
Metropolitan or Micropolitan Statistical Area	Jackson, TN Metro Area	

Counties with 500 employees or less are excluded.
 Includes data not distributed by county.

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business O

⁽a) includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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U.S. Department of Commerce

Home Blogs About Us Index A to Z Glossary EAOs

People

Business

Geography

Data Research

Newsroom Search

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State & County QuickFacts

Decatur County, Tennessee

People QuickFacts	Decatur County	Tennessee
Population, 2013 estimate	NA	6,495,978
Population, 2012 estimate	11,673	6,454,914
Population, 2010 (April 1) estimates base	11,757	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	-0.7%	1.7%
Population, 2010	11,757	6,346,105
Persons under 5 years, percent, 2012	5.5%	6.3%
Persons under 18 years, percent, 2012	21.2%	23,1%
Persons 65 years and over, percent, 2012	22.0%	14.2%
Female persons, percent, 2012	50.7%	51.2%
White alone, percent, 2012 (a)	95.0%	79.3%
Black or African American alone, percent, 2012 (a)	3.1%	17.0%
American Indian and Alaska Native alone, percent, 2012		
(a)	0.3%	0.4%
Asian alone, percent, 2012 (a)	0.4%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.1%
Two or More Races, percent, 2012	1.1%	1.6%
Hispanic or Latino, percent, 2012 (b)	2.9%	4.8%
White alone, not Hispanic or Latino, percent, 2012	92.4%	75.1%
Living in same house 1 year & over, percent, 2008-2012	88,0%	84.4%
Foreign born persons, percent, 2008-2012	1.6%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	2.2%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	76.1%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	14.2%	23.5%
Veterans, 2008-2012	1,098	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	26.4	24,1
Housing units, 2012	6,856	2,834,620
Homeownership rate, 2008-2012	79.1%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	4.3%	18.2%
Median value of owner-occupied housing units, 2008-2012	\$80,400	\$138,700
Households, 2008-2012	5,147	2,468,841
Persons per household, 2008-2012	2,23	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$25,175	\$24,294
Median household income, 2008-2012	\$34,146	\$44,140
Persons below poverty level, percent, 2008-2012	20.9%	17.3%
	Decatur	
Business QuickFacts		Tennessee
Private nonfarm establishments, 2011	243	129,489 ¹
Private nonfarm employment, 2011	3,059	2,300,542 ¹
Private nonfarm employment, percent change, 2010-2011	-4.3%	1.6% ¹
Nonemployer establishments, 2011	841	473,451
Total number of firms, 2007	980	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2,0%
Native Hawaiian and Other Pacific Islander-owned firms,		2,070
percent, 2007	F	0.1%

Hispanic-owned firms, percent, 2007	F	1,6%
Women-owned firms, percent, 2007	S	25,9%
Manufacturers shipments, 2007 (\$1000)	D	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	D	80,116,528
Retail sales, 2007 (\$1000)	98,877	77,547,291
Retail sales per capita, 2007	\$8,594	\$12,563
Accommodation and food services sales, 2007 (\$1000)	6,048	10,626,759
Building permits, 2012	0	20,147
	Decatur	
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	Decatur	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	333.85	41,234.90
Persons per square mile, 2010	35.2	153.9
FIPS Code	039	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Includes data not distributed by county.

Source U.S. Census Bureau: Slate and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Cowners, Building Permits Last Revised: Monday, 06-Jan-2014 17:38:04 EST

⁽a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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Home Blogs About Us Index A to Z Glossary FAQs

People

Business

Geography

ata Rese

Newsroom

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State & County QuickFacts

Hardin County, Tennessee

People QuickFacts	Hardin County	Tennesse
Population, 2013 estimate	NA	6,495,978
Population, 2012 estimate	25,950	6,454,914
Population, 2010 (April 1) estimates base	26,026	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	-0.3%	1.7%
Population, 2010	26,026	6,346,105
Persons under 5 years, percent, 2012	5.2%	6,3%
Persons under 18 years, percent, 2012	21,1%	23,1%
Persons 65 years and over, percent, 2012	19.8%	14.2%
Female persons, percent, 2012	51.5%	51.2%
White alone, percent, 2012 (a)	94,1%	79,3%
Black or African American alone, percent, 2012 (a)	3.7%	17.0%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	0.4%
Asian alone, percent, 2012 (a)	0.4%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.4%	1.6%
Hispanic or Latino, percent, 2012 (b)	1,9%	4.8%
White alone, not Hispanic or Latino, percent, 2012	92.4%	75.1%
Living in same house 1 year & over, percent, 2008-2012	87,7%	84.4%
Foreign born persons, percent, 2008-2012	1.0%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	2.0%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	75.3%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	11.2%	23.5%
Veterans, 2008-2012 Mean travel time to work (minutes), workers age 16+,	2,226	493,980
2008-2012	21.7	24.1
Housing units, 2012	13,945	2,834,620
Homeownership rate, 2008-2012	77.1%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	5.6%	18.2%
Median value of owner-occupied housing units, 2008-2012	\$97,500	\$138,700
Households, 2008-2012	10,186	2,468,841
Persons per household, 2008-2012	2.51	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$19,770	\$24,294
Median household income, 2008-2012	\$33,044	\$44,140
Persons below poverty level, percent, 2008-2012	22.2%	17.3%
	Hardin	,,,,,,,
Business QuickFacts		Tennessee
Private nonfarm establishments, 2011	493	129,489 ¹
Private nonfarm employment, 2011	6,382	2,300,542 ¹
Private nonfarm employment, percent change, 2010-2011	2.8%	1.6%1
Nonemployer establishments, 2011	1,946	473,451
Total number of firms, 2007	2,399	545,348
Black-owned firms, percent, 2007	2,399 S	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	s	2.0%
	0	2.070

Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	26.8%	25.9%
Manufacturers shipments, 2007 (\$1000)	691,797	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	79,735	80,116,528
Retail sales, 2007 (\$1000)	313,661	77,547,291
Retail sales per capita, 2007	\$11,995	\$12,563
Accommodation and food services sales, 2007 (\$1000)	28,737	10,626,759
Building permits, 2012	58	20,147
	Hardin	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	577.32	41,234.90
Persons per square mile, 2010	45.1	153.9
FIPS Code	071	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Includes data not distributed by county.

Source U.S. Census Bureau: Slate and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits Last Revised: Monday, 06-Jan-2014 17:38:08 EST

⁽a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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Home Biogs About Us Index A to Z Glossary FAQs

People

Business

Geography

Data Research Newsroom Search

State & County QuickFacts

Henderson County, Tennessee

People QuickFacts	Henderson County	Tennessee
Population, 2013 estimate	NA	6,495,978
Population, 2012 estimate	28,023	6,454,914
Population, 2010 (April 1) estimates base	27,769	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	0.9%	1.7%
Population, 2010	27,769	6,346,105
Persons under 5 years, percent, 2012	6.3%	6.3%
Persons under 18 years, percent, 2012	23.9%	23,1%
Persons 65 years and over, percent, 2012	15,7%	14.2%
Female persons, percent, 2012	51.8%	51.2%
White alone, percent, 2012 (a)	89,9%	79,3%
Black or African American alone, percent, 2012 (a)	7.8%	
American Indian and Alaska Native alone, percent, 2012	1,070	111070
(a)	0.3%	0.4%
Asian alone, percent, 2012 (a)	0.3%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.7%	1.6%
Hispanic or Latino, percent, 2012 (b)	2.2%	4.8%
White alone, not Hispanic or Latino, percent, 2012	88.0%	75.1%
Living in some house 1 year 2 over persont 2009 2012		
Living in same house 1 year & over, percent, 2008-2012 Foreign born persons, percent, 2008-2012	87.3%	84.4%
	0.7%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012 High school graduate or higher, percent of persons age	2.3%	6.6%
25+, 2008-2012 Bachelor's degree or higher, percent of persons age 25+,	80.4%	83,9%
2008-2012	11.9%	23.5%
Veterans, 2008-2012	2,132	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	24.0	24.1
Housing units, 2012	12,802	2,834,620
Homeownership rate, 2008-2012	76.7%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	6.6%	18.2%
Median value of owner-occupied housing units, 2008- 2012	\$93,900	\$138,700
Households, 2008-2012	11,103	2,468,841
Persons per household, 2008-2012	2.48	2.51
Per capita money income in past 12 months (2012		
dollars), 2008-2012	\$20,153	\$24,294
Median household income, 2008-2012	\$37,784	\$44,140
Persons below poverty level, percent, 2008-2012	17.5%	17.3%
Business QuickFacts	Henderson	T
Private nonfarm establishments, 2011		Tennessee
Private nonfarm employment, 2011	488	129,4891
Private nonfarm employment, percent change, 2010-2011	6,425	2,300,5421
Nonemployer establishments, 2011	2.4%	1.6%1
	1,773	473,451
Total number of firms, 2007	2,451	545,348
Black-owned firms, percent, 2007	3.3%	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%

Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	23,2%	25.9%
Manufacturers shipments, 2007 (\$1000)	566,730	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	31,846	80,116,528
Retail sales, 2007 (\$1000)	279,627	77,547,291
Retail sales per capita, 2007	\$10,450	\$12,563
Accommodation and food services sales, 2007 (\$1000)	20,893	10,626,759
Building permits, 2012	30	20,147
	Henderson	

	Henderson	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	520.07	41,234.90
Persons per square mile, 2010	53.4	153.9
FIPS Code	077	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Includes data not distributed by county.

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits Last Revised: Monday, 06-Jan-2014 17:38:09 EST

⁽a) Includes persons reporting only one race.(b) Hispanics may be of any race, so also are included in applicable race categories.

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Home Blogs About Us Index A to 2 Glossary FAQs

People

Business

Geography

Data Research

Newsroom Search

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State & County QuickFacts

Hickman County, Tennessee

People QuickFacts	Hickman County	Tennessee
Population, 2013 estimate	NA	
Population, 2012 estimate	24,170	6,454,914
Population, 2010 (April 1) estimates base	24,690	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	-2.1%	1.7%
Population, 2010	24,690	6,346,105
Persons under 5 years, percent, 2012	5.3%	6.3%
Persons under 18 years, percent, 2012	21.6%	23,1%
Persons 65 years and over, percent, 2012	15.0%	14.2%
Female persons, percent, 2012	47.5%	51.2%
White alone, percent, 2012 (a)	93.0%	79,3%
Black or African American alone, percent, 2012 (a)	4.9%	
American Indian and Alaska Native alone, percent, 2012	,,=,,	
(a)	0.5%	0.4%
Asian alone, percent, 2012 (a)	0.3%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.3%	1.6%
Hispanic or Latino, percent, 2012 (b)	2.0%	4.8%
White alone, not Hispanic or Latino, percent, 2012	91.2%	75.1%
Living in same house 1 year & over, percent, 2008-2012	87.0%	84.4%
Foreign born persons, percent, 2008-2012	1.3%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	2.0%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	76.5%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	11.5%	23,5%
Veterans, 2008-2012	1,869	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	37.2	24.1
Housing units, 2012	10,292	2,834,620
Homeownership rate, 2008-2012	81.1%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	4.6%	18,2%
Median value of owner-occupied housing units, 2008-2012	\$99,800	\$138,700
Households, 2008-2012	8,770	2,468,841
Persons per household, 2008-2012	2.62	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$18,588	\$24,294
Median household income, 2008-2012	\$42,330	\$44,140
Persons below poverty level, percent, 2008-2012	16.3%	17.3%
	Hickman	****
Business QuickFacts		Tennessee
Private nonfarm establishments, 2011	253	129,489 ¹
Private nonfarm employment, 2011	2,296	2,300,542 ¹
Private nonfarm employment, percent change, 2010-2011	-0.4%	1.6% ¹
Nonemployer establishments, 2011	1,670	473,451
Total number of firms, 2007	1,889	545,348
Black-owned firms, percent, 2007	1,003 F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
2001	,	
Asian-owned firms, percent, 2007	F	2.0%

Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	25.5%	25.9%
Manufacturers shipments, 2007 (\$1000)	D	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	D	80,116,528
Retail sales, 2007 (\$1000)	76,884	77,547,291
Retail sales per capita, 2007	\$3,233	\$12,563
Accommodation and food services sales, 2007 (\$1000)	7,097	10,626,759
Building permits, 2012	6	20,147
	Hickman	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	612.50	41,234.90
Persons per square mile, 2010	40.3	153.9
FIPS Code	081	47
Metropolitan or Micropolitan Statistical Area	Nashville-	

^{1:} Includes data not distributed by county.

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
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Metro Area

⁽a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

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Home Blogs About Us Index A to Z Glossary FAGs

People

Business

Geography

Data Research

Newsroom Search

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State & County QuickFacts

Humphreys County, Tennessee

People QuickFacts	Humphreys County	Tennesse
Population, 2013 estimate	NA	6,495,97
Population, 2012 estimate	18,275	6,454,91
Population, 2010 (April 1) estimates base	18,538	6,346,11
Population, percent change, April 1, 2010 to July 1, 2013	NA	2,49
Population, percent change, April 1, 2010 to July 1, 2012	-1.4%	1.79
Population, 2010	18,538	6,346,10
Persons under 5 years, percent, 2012	5.6%	6.39
Persons under 18 years, percent, 2012	22.9%	23.19
Persons 65 years and over, percent, 2012	18.3%	14.29
Female persons, percent, 2012	50.5%	51.29
White alone, percent, 2012 (a)	95,2%	79.3%
Black or African American alone, percent, 2012 (a)	2.7%	17.09
American Indian and Alaska Native alone, percent, 2012	0.50/	0.40
(a)	0.5%	0.49
Asian alone, percent, 2012 (a)	0.3%	1.69
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.1%	1.69
Hispanic or Latino, percent, 2012 (b)	2.1%	4.8%
White alone, not Hispanic or Latino, percent, 2012	93.6%	75,1%
Living in same house 1 year & over, percent, 2008-2012	88.4%	84.4%
Foreign born persons, percent, 2008-2012	0.5%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	1.0%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	83,7%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	12.9%	23.5%
Veterans, 2008-2012	1,574	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	26.1	24.
Housing units, 2012	8,897	2,834,620
Homeownership rate, 2008-2012	76.2%	68,4%
Housing units in multi-unit structures, percent, 2008-2012	4.2%	18.2%
Median value of owner-occupied housing units, 2008- 2012	\$109,800	\$138,700
Households, 2008-2012	7,523	2,468,84
Persons per household, 2008-2012	2.42	2,51
Per capita money income in past 12 months (2012		2.0
dollars), 2008-2012	\$21,233	\$24,294
Median household income, 2008-2012	\$41,943	\$44,140
Persons below poverty level, percent, 2008-2012	14.0%	17.3%
A	Humphreys	
Business QuickFacts		Tennessee
Private nonfarm establishments, 2011	337	129,489
Private nonfarm employment, 2011	4,118	2,300,542
Private nonfarm employment, percent change, 2010- 2011	3.1%	1.6%
Nonemployer establishments, 2011	1,182	473,451
Total number of firms, 2007	1,642	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	S	2.0%
	F	0.1%

Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007

Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 (\$1000)	1,052,931	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	57,235	80,116,528
Retail sales, 2007 (\$1000)	181,921	77,547,291
Retail sales per capita, 2007	\$9,964	\$12,563
Accommodation and food services sales, 2007 (\$1000)	17,794	10,626,759
Building permits, 2012	4	20,147

Humphreys		
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	530,98	41,234.90
Persons per square mile, 2010	34.9	153.9
FIPS Code	085	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Includes data not distributed by county.

Source U.S. Census Bureau: Stale and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits Last Revised: Monday, 06-Jan-2014 17:38:10 EST

⁽a) Includes persons reporting only one race, (b) Hispanics may be of any race, so also are included in applicable race categories.

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U.S. Department of Commerce

Home Blogs About Us Index A to Z Glossary FAQs

People Business Geography Data Research Newsroom Search

State & County QuickFacts

Lawrence County, Tennessee

People QuickFacts	Lawrence County	Tennessee
Population, 2013 estimate	NA	
Population, 2012 estimate	42,086	
Population, 2010 (April 1) estimates base	41,869	
Population, percent change, April 1, 2010 to July 1, 2013	NA	
Population, percent change, April 1, 2010 to July 1, 2012	0.5%	
Population, 2010	41,869	
Persons under 5 years, percent, 2012	6.7%	
Persons under 18 years, percent, 2012	24.8%	
Persons 65 years and over, percent, 2012	16.8%	14.2%
Female persons, percent, 2012	51,1%	51.2%
White alone, percent, 2012 (a)	06 40/	70.20/
Black or African American alone, percent, 2012 (a)	96.1% 1.6%	
American Indian and Alaska Native alone, percent, 2012	1,070	17.070
(a)	0.4%	0.4%
Asian alone, percent, 2012 (a)	0.4%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent,	-	0.40/
2012 (a) Two or More Races, percent, 2012	1 F0/-	
Hispanic or Latino, percent, 2012 (b)	1.5%	
White alone, not Hispanic or Latino, percent, 2012	1.7% 94.6%	4.8% 75.1%
vvinte alono, not inspante of Eating, percent, 2012	34.070	7 3, 170
Living in same house 1 year & over, percent, 2008-2012	88.8%	84.4%
Foreign born persons, percent, 2008-2012	1,5%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	3.7%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	78.2%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	11,8%	23.5%
/eterans, 2008-2012	3,202	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	25.5	24.1
Housing units, 2012	18,152	2,834,620
Homeownership rate, 2008-2012	75.8%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	6.5%	18,2%
Median value of owner-occupied housing units, 2008-2012	\$97,000	\$138,700
Households, 2008-2012	16,089	2,468,841
Persons per household, 2008-2012	2.57	2,51
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$40,200	404 204
Median household income, 2008-2012	\$19,290 \$36,663	\$24,294 \$44,140
Persons below poverty level, percent, 2008-2012	18.0%	17.3%
referred below poverty level, percent, 2000 2012	Lawrence	17,570
Business QuickFacts		Tennessee
Private nonfarm establishments, 2011	706	129,489 ¹
Private nonfarm employment, 2011	8,214	2,300,5421
Private nonfarm employment, percent change, 2010-2011	4.5%	1.6%
Nonemployer establishments, 2011	2,947	473,451
Fotal number of firms, 2007		
	3,277	545,348
Black-owned firms, percent, 2007 American Indian- and Alaska Native-owned firms, percent,	F	8.4%
2007	F	0.5%
Asian-owned firms, percent, 2007	S	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%

Hispanic-owned firms, percent, 2007	S	1.6%
Women-owned firms, percent, 2007	22.2%	25,9%
Manufacturers shipments, 2007 (\$1000)	D	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	D	80,116,528
Retail sales, 2007 (\$1000)	380,971	77,547,291
Retail sales per capita, 2007	\$9,318	\$12,563
Accommodation and food services sales, 2007 (\$1000)	37,439	10,626,759
Building permits, 2012	7	20,147

	Lawrence	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	617.13	41,234.90
Persons per square mile, 2010	67.8	153.9
FIPS Code	099	47
Metropolitan or Micropolitan Statistical Area	Lawrenceburg, TN Micro Area	

^{1:} Includes data not distributed by county

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
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Home Biegs About Us Index A to 2 Glossary FAQs

People

Business

Geography

Data Research Newsroom Search

State & County QuickFacts

Lewis County, Tennessee

People QuickFacts	Lewis County	Tennessee
Population, 2013 estimate	NA	6,495,978
Population, 2012 estimate	11,896	6,454,914
Population, 2010 (April 1) estimates base	12,161	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	-2.2%	1.7%
Population, 2010	12,161	6,346,105
Persons under 5 years, percent, 2012	5,8%	6.3%
Persons under 18 years, percent, 2012	23.1%	23.1%
Persons 65 years and over, percent, 2012	17,5%	14.2%
Female persons, percent, 2012	50.7%	51.2%
White alone, percent, 2012 (a)	95.8%	79.3%
Black or African American alone, percent, 2012 (a)	2.1%	17.0%
American Indian and Alaska Native alone, percent, 2012		
(a)	0.3%	0.4%
Asian alone, percent, 2012 (a)	0.4%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0,1%
Two or More Races, percent, 2012	1,3%	1.6%
Hispanic or Latino, percent, 2012 (b)	1.9%	4.8%
White alone, not Hispanic or Latino, percent, 2012	94.0%	75,1%

Living in same house 1 year & over, percent, 2008-2012	86.0%	84.4%
Foreign born persons, percent, 2008-2012	1.4%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	1.8%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	77,5%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	11.7%	23.5%
Veterans, 2008-2012	1,329	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	26.7	24.1
Housing units, 2012	5,464	2,834,620
Homeownership rate, 2008-2012	74.3%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	4.7%	18.2%
Median value of owner-occupied housing units, 2008-2012	\$89,600	\$138,700
Households, 2008-2012	4,725	2,468,841
Persons per household, 2008-2012	2,50	2.51
Per capita money income in past 12 months (2012 dollars),	047.050	004.004
2008-2012 Median household income, 2008-2012	\$17,950	\$24,294
	\$33,956	\$44,140
Persons below poverty level, percent, 2008-2012	19.4%	17.3%
Business QuickFacts	Lewis County	Tennessee
Private nonfarm establishments, 2011	196	129,489 ²
Private nonfarm employment, 2011	1,688	2,300,542 ²
Private nonfarm employment, percent change, 2010-2011	-5,2%	1.6%2
Nonemployer establishments, 2011	901	473,451
Total number of firms, 2007		
Black-owned firms, percent, 2007	1,141	545,348
American Indian- and Alaska Native-owned firms, percent, 2007	F	8.4% 0.5%
Asian-owned firms, percent, 2007		
Native Hawaiian and Other Pacific Islander-owned firms,	F	2.0%

Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25.9%
Manufacturers shipments, 2007 (\$1000)	01	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	D	80,116,528
Retail sales, 2007 (\$1000)	132,793	77,547,291
Retail sales per capita, 2007	\$11,519	\$12,563
Accommodation and food services sales, 2007 (\$1000)	7,996	10,626,759
Building permits, 2012	0	20,147
	Lewis	

	Lewis	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	282.09	41,234.90
Persons per square mile, 2010	43.1	153.9
FIPS Code	101	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Counties with 500 employees or less are excluded.
2: Includes data not distributed by county.

Source U.S. Census Bureau: Slate and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Slate and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
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People

Business

Geography

Data Research Newsroom Search

State & County QuickFacts

McNairy County, Tennessee

People QuickFacts	McNairy County	Tennessee
Population, 2013 estimate	NA	6,495,978
Population, 2012 estimate	26,180	6,454,914
Population, 2010 (April 1) estimates base	26,075	6,346,113
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	0.4%	1.7%
Population, 2010	26,075	6,346,105
Persons under 5 years, percent, 2012	5.8%	6.3%
Persons under 18 years, percent, 2012	22.9%	23,1%
Persons 65 years and over, percent, 2012	18.4%	14.2%
Female persons, percent, 2012	51.0%	51.2%
White alone, percent, 2012 (a)	92.1%	79.3%
Black or African American alone, percent, 2012 (a)	6.0%	
American Indian and Alaska Native alone, percent, 2012		
(a)	0.3%	
Asian alone, percent, 2012 (a)	0.2%	1,6%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.3%	1.6%
Hispanic or Latino, percent, 2012 (b)	1.7%	4,8%
White alone, not Hispanic or Latino, percent, 2012	90.7%	75.1%
Living in same house 1 year & over, percent, 2008-2012	92,1%	84.4%
Foreign born persons, percent, 2008-2012	1.1%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	2.6%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	77.1%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	10,6%	23,5%
Veterans, 2008-2012	2,235	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	23,0	24.1
Housing units, 2012	11,987	2,834,620
Homeownership rate, 2008-2012	72.9%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	4,6%	18,2%
Median value of owner-occupied housing units, 2008-2012	\$88,000	\$138,700
Households, 2008-2012	9,908	2,468,841
Persons per household, 2008-2012	2.59	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	E47 764	604.004
Median household income, 2008-2012	\$17,761	\$24,294 \$44,140
Persons below poverty level, percent, 2008-2012	\$33,066 23.5%	17.3%
, ordered 201011 persons, persons, 2002 2012	McNairy	17,570
Business QuickFacts		Tennessee
Private nonfarm establishments, 2011	429	129,489 ¹
Private nonfarm employment, 2011	4,553	2,300,542 ¹
Private nonfarm employment, percent change, 2010-2011	-1.2%	1.6% ¹
Nonemployer establishments, 2011	1,746	473,451
Total number of firms, 2007	1,855	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent,		
2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%

Building permits, 2012	13,1 4 5 17	10,626,759 20,147
	13,145	10,626,759
Accommodation and food services sales, 2007 (\$1000)		
Retail sales per capita, 2007	\$7,664	\$12,563
Retail sales, 2007 (\$1000)	194,653	77,547,291
Merchant wholesaler sales, 2007 (\$1000)	45,711	80,116,528
Manufacturers shipments, 2007 (\$1000)	420,885	140,447,760
Women-owned firms, percent, 2007	34.7%	25.9%
Hispanic-owned firms, percent, 2007	F	1.6%

Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	562.86	41,234.90
Persons per square mile, 2010	46.3	153.9
FIPS Code	109	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Includes data not distributed by county,

Source U.S. Census Bureau: State and County QuickFacts, Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits Last Revised: Monday, 06-Jan-2014 17:38:13 EST

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Home Biogs About Us Index A to Z Glossary FAQs

People

Business

Geography

Data Research

Newsroo

Search

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State & County QuickFacts

Perry County, Tennessee

Bookle Quick-Foote	Perry	~
People QuickFacts	County	Tennessee
Population, 2013 estimate	NA	6,495,978
Population, 2012 estimate	7,860	
Population, 2010 (April 1) estimates base	7,915	
Population, percent change, April 1, 2010 to July 1, 2013	NA	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	-0.7%	1.7%
Population, 2010	7,915	6,346,105
Persons under 5 years, percent, 2012	5.9%	6.3%
Persons under 18 years, percent, 2012	22.3%	23.1%
Persons 65 years and over, percent, 2012 Female persons, percent, 2012	19.5%	14.2%
remaie persons, percent, 2012	49.6%	51.2%
White alone, percent, 2012 (a)	95.2%	79.3%
Black or African American alone, percent, 2012 (a)	2.1%	17,0%
American Indian and Alaska Native alone, percent, 2012 (a)	0.7%	0.4%
Asian alone, percent, 2012 (a)	0,3%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent,	0,075	11070
2012 (a)	0.0%	0.1%
Two or More Races, percent, 2012	1.6%	1.6%
Hispanic or Latino, percent, 2012 (b)	1.9%	4.8%
White alone, not Hispanic or Latino, percent, 2012	93.5%	75.1%
Living in same house 1 year & over, percent, 2008-2012	83,6%	84.4%
Foreign born persons, percent, 2008-2012	0.5%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	1,8%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	76.3%	83,9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	12.3%	23.5%
Veterans, 2008-2012	714	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	26.1	24.1
Housing units, 2012	4,588	2,834,620
Homeownership rate, 2008-2012	71.9%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	4.9%	18.2%
Median value of owner-occupied housing units, 2008-2012	\$82,000	\$138,700
Households, 2008-2012	3,263	2,468,841
Persons per household, 2008-2012	2,36	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$17,102	\$24.204
Median household income, 2008-2012	\$32,101	\$24,294 \$44,140
Persons below poverty level, percent, 2008-2012	24.2%	17.3%
, , , , , , , , , , , , , , , , , , , ,	Perry	17,570
Business QuickFacts	-	Tennessee
Private nonfarm establishments, 2011	116	129,489 ¹
Private nonfarm employment, 2011	1,256	2,300,542 ¹
Private nonfarm employment, percent change, 2010-2011	-2.9%	1.6%1
Nonemployer establishments, 2011	594	473,451
Total number of firms, 2007	669	545,348
Black-owned firms, percent, 2007	S	8_4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%



Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	S	25,9%
Manufacturers shipments, 2007 (\$1000)	169,955	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	D	80,116,528
Retail sales, 2007 (\$1000)	24,286	77,547,291
Retail sales per capita, 2007	\$3,163	\$12,563
Accommodation and food services sales, 2007 (\$1000)	D	10,626,759
Building permits, 2012	0	20,147

	Perry	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	414.73	41,234.90
Persons per square mile, 2010	19.1	153.9
FIPS Code	135	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Includes data not distributed by county.

Source U.S. Census Bureau: State and County QuickFacts, Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits Last Revised: Monday, 06-Jan-2014 17:38:17 EST

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Home Blogs About Us Index A to Z Glossary FAQs

People Business Geography

Wayne

Research

Newsroom Search

State & County QuickFacts

Wayne County, Tennessee

People QuickFacts Population, 2013 estimate Population, 2012 estimate	County	6,495,978
Population, 2012 estimate		
	16,996	
Population, 2010 (April 1) estimates base	17,021	
Population, percent change, April 1, 2010 to July 1, 2013	NA	
Population, percent change, April 1, 2010 to July 1, 2012	-0.1%	
Population, 2010	17,021	
Persons under 5 years, percent, 2012	4.2%	
Persons under 18 years, percent, 2012	18.5%	
Persons 65 years and over, percent, 2012	17.4%	,
Female persons, percent, 2012	44.8%	
White alone, percent, 2012 (a)	92.4%	79.3%
Black or African American alone, percent, 2012 (a)	6.0%	
American Indian and Alaska Native alone, percent, 2012	01070	
(a)	0.4%	0.4%
Asian alone, percent, 2012 (a)	0.2%	1.6%
Native Hawaiian and Other Pacific Islander alone, percent,	7	0.40/
2012 (a) Two or More Races, percent, 2012	Z	
Hispanic or Latino, percent, 2012 (b)	1.0%	1,6%
	1.8%	4.8%
White alone, not Hispanic or Latino, percent, 2012	90.9%	75.1%
Living in same house 1 year & over, percent, 2008-2012	87.3%	84.4%
Foreign born persons, percent, 2008-2012	1.4%	4.5%
Language other than English spoken at home, pct age 5+, 2008-2012	3.2%	6.6%
High school graduate or higher, percent of persons age 25+, 2008-2012	74.8%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	7.7%	23.5%
Veterans, 2008-2012	1,360	493,980
Mean travel time to work (minutes), workers age 16+, 2008-2012	29.4	24.1
Housing units, 2012	7,271	2,834,620
Homeownership rate, 2008-2012	84.0%	68.4%
Housing units in multi-unit structures, percent, 2008-2012	4.6%	18.2%
Median value of owner-occupied housing units, 2008-2012	\$74,400	\$138,700
Households, 2008-2012	6,056	2,468,841
Persons per household, 2008-2012	2.43	2.51
Per capita money income in past 12 months (2012 dollars), 2008-2012	\$16,731	\$24,294
Median household income, 2008-2012	\$35,377	\$44,140
Persons below poverty level, percent, 2008-2012	20.7%	17.3%
	Wayne	11,070
Business QuickFacts		Tennessee
Private nonfarm establishments, 2011	205	129,489 ¹
Private nonfarm employment, 2011	2,458	2.300,542
Private nonfarm employment, percent change, 2010-2011	-3.5%	1.6%
Nonemployer establishments, 2011	970	473,451
		470,401
Total number of firms, 2007	1,169	545,348
Black-owned firms, percent, 2007	F	8.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
	F	2.0%
Asian-owned firms, percent, 2007		

Hispanic-owned firms, percent, 2007	F	1.6%
Women-owned firms, percent, 2007	23.8%	25.9%
Manufacturers shipments, 2007 (\$1000)	109,872	140,447,760
Merchant wholesaler sales, 2007 (\$1000)	38,046	80,116,528
Retail sales, 2007 (\$1000)	66,626	77,547,291
Retail sales per capita, 2007	\$4,020	\$12,563
Accommodation and food services sales, 2007 (\$1000)	8,470	10,626,759
Building permits, 2012	1	20,147

	Wayne	
Geography QuickFacts	County	Tennessee
Land area in square miles, 2010	734.10	41,234,90
Persons per square mile, 2010	23.2	153.9
FIPS Code	181	47
Metropolitan or Micropolitan Statistical Area	None	

^{1:} Includes data not distributed by county.

Source U.S. Census Bureau: Slate and County QuickFacts, Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits Last Revised: Monday, 06-Jan-2014 17:38:23 EST

⁽a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

State & County QuickFacts

Tennessee

People QuickFacts	Tennessee	USA
Population, 2013 estimate	6,495,978	316,128,83
Population, 2012 estimate	6,454,914	313,873,68
Population, 2010 (April 1) estimates base	6,346,113	308,747,71
Population, percent change, April 1, 2010 to July 1, 2013	2.4%	2.4%
Population, percent change, April 1, 2010 to July 1, 2012	1.7%	1,7%
Population, 2010	6,346,105	308,745,53
Persons under 5 years, percent, 2012	6,3%	6.4%
Persons under 18 years, percent, 2012	23,1%	23.5%
Persons 65 years and over, percent, 2012	14,2%	13.7%
Female persons, percent, 2012	51.2%	50.8%
White alone, percent, 2012 (a)	79.3%	77.9%
Black or African American alone, percent, 2012 (a)	17.0%	
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	1.29
Asian alone, percent, 2012 (a)	1.6%	5.19
Native Hawaiian and Other Pacific Islander alone, percent,		
2012 (a)	0,1%	0.2%
Two or More Races, percent, 2012	1.6%	2.4%
Hispanic or Latino, percent, 2012 (b)	4.8%	16,9%
White alone, not Hispanic or Latino, percent, 2012	75.1%	63.09
Living in same house 1 year & over, percent, 2008-2012	84.4%	84.8%
Foreign born persons, percent, 2008-2012	4.5%	12.9%
Language other than English spoken at home, pct age 5+, 2008-2012	6.6%	20.5%
High school graduate or higher, percent of persons age 25+,		20.07
2008-2012	83.9%	85.7%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	23.5%	28,5%
Veterans, 2008-2012	493,980	21,853,912
Mean travel time to work (minutes), workers age 16+, 2008-2012	24.1	25,4
Housing units, 2012		132,452,40
Homeownership rate, 2008-2012	68.4%	65.5%
Housing units in multi-unit structures, percent, 2008-2012	18.2%	
Median value of owner-occupied housing units, 2008-2012	\$138,700	\$181,400
Households, 2008-2012	2,468,841	115,226,80
Persons per household, 2008-2012	2.51	2,6
Per capita money income in past 12 months (2012 dollars),		
2008-2012	\$24,294	\$28,05
Median household income, 2008-2012	\$44,140	\$53,046
Persons below poverty level, percent, 2008-2012	17.3%	14.9%
Business QuickFacts	Tennessee	USA
Private nonfarm establishments, 2011	129,489 ¹	7,354,043
Private nonfarm employment, 2011	2,300,542 ¹	113,425,965
Private nonfarm employment, percent change, 2010-2011	1.6%1	1.3%
Nonemployer establishments, 2011	473,451	22,491,080
Total number of firms, 2007	545,348	27,092,908
Black-owned firms, percent, 2007	8.4%	7.1%
American Indian- and Alaska Native-owned firms, percent,		325
2007	0.5%	0,9%
Asian-owned firms, percent, 2007	2.0%	5.7%
Native Hawaiian and Other Pacific Islander-owned firms,		
percent, 2007	0.1%	0, 19

Persons per square mile, 2010 FIPS Code	153.9 47	87.4
Land area in square miles, 2010	-	3,531,905.43
Geography QuickFacts	Tennessee	USA
Building permits, 2012	20,147	829,658
Accommodation and food services sales, 2007 (\$1000)	10,626,759	613,795,732
Retail sales per capita, 2007	\$12,563	\$12,990
Retail sales, 2007 (\$1000)	77,547,291 3,	917,663,456
Merchant wholesaler sales, 2007 (\$1000)	80,116,528 4	174,286,516
Manufacturers shipments, 2007 (\$1000)	140,447,760 5	319,456,312
Women-owned firms, percent, 2007	25.9%	28.8%
Hispanic-owned firms, percent, 2007	1.6%	8.3%

^{1:} Includes data not distributed by county.

- (a) Includes persons reporting only one race.
- (b) Hispanics may be of any race, so also are included in applicable race categories.
- D: Suppressed to avoid disclosure of confidential information
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Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Monday, 06-Jan-2014 17:25:46 EST



Total all industries

BOS area 470001

Healthcare Practitioners and Technical Occupations

Occupation HEALTHCARE PRACTITIONERS AND TECHNICAL OCCUPATIONS	Occ. code 29-0000	Est. empl. 9,020	Mean wage 54,620 26.25	Entry wage 28,320 13.60	Exp. wage 67,780 32.60	25th pct 31,870 15.30	Median wage 42,020 20.20	75th pct 59,280 28.50
Dietitians and Nutritionists	29-1031	50	43,180 20.75	32,370 15.55	48,580 23.35	34,650 16.65	42,440 20.40	51,520 24.75
Pharmacists	29-1051	N/A	120,220 57.80	106,040 51.00	127,300 61.20	109,920 52.85	122,490 58.90	136,470 65.60
Family and General Practitioners	29-1062	80	186,120 89.50	94,290 45.35	232,040 111.55	122,700 59.00	183,910 88.40	**
Psychiatrists	29-1066	20	188,750 90.75	169,190 · 81.35	198,520 95.45	165,890 79.75	178,350 85.75	**
Surgeons	29-1067	N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
Physicians and Surgeons, All Other	29-1069	190	188,930 90.85	101,500 48.80	232,640 111.85	125,180 60.20	**	**
Physician Assistants	29-1071	30	95,290 45.80	78,190 37.60	103,840 49.90	82,210 39.50	93,640 45.00	110,740 53.25
Occupational Therapists	29-1122	130	86,200 41.45	66,300 31.85	96,150 46.25	73,510 35.35	86,810 41.75	101,180 48.65
Physical Therapists	29-1123	220	92,570 44.50	70,830 34.05	103,430 49.75	75,240 36.15	91,780 44.15	107,740 51.80
Respiratory Therapists	29-1126	150	44,330 21.30	36,120 17.35	48,440 23.30	38,300 18.40	43,660 21.00	49,750 23.90
Speech-Language Pathologists	29-1127	170	71,900 34.55	44,090 21.20	85,810 41.25	48,870 23.50	74,400 35.75	89,990 43.25
Veterinarians	29-1131	80	63,970 30.75	42,300 20.35	74,810 35.95	48,220 23.20	65,330 31.40	74,970 36.05
Registered Núrses	29-1141	2,060	52,220 25.10	42,490 20.45	57,080 27.45	44,750 21.50	51,440 24.75	58,930 28.35
Nurse Practitioners	29-1171	200	95,350 45.85	71,980 34.60	107,040 51.45	76,600 36.85	90,500 43.50	109,870 52.80
Medical and Clinical Laboratory Technologists	29-2011	110	51,730	40,970	57,110	44,300	51,800	59,140

			24.85	19.70	27.45	21.30	24.90	28.45
Medical and Clinical Laboratory Technicians	29-2012	170	36,780	27,100	41,620	31,810	39,090	43,910
			17.70	13.05	20.00	15.30	18.80	21.10
Dental Hygienists	29-2021	190	48,950	34,270	56,300	36,050	48,060	60,000
			23.55	16.50	27.05	17.35	23.10	28.85
Diagnostic Medical Sonographers	29-2032	60	49,220	37,090	55,280	42,790	49,920	57,080
	2		23.65	17.85	26.60	20.55	24.00	27.45
Nuclear Medicine Technologists	29-2033	10	60,690	52,010	65,030	53,000	59,360	68,440
			29.20	25.00	31.25	25.50	28.55	32.90
Radiologic Technologists and Technicians	29-2034	240	41,770	33,860	45,730	35,520	41,010	46,940
			20.10	16.30	22.00	17.10	19.70	22.55
Emergency Medical Technicians and Paramedics	29-2041	620	33,230	24,920	37,390	26,410	30,660	38,130
			16.00	12.00	18.00	12.70	14.75	18.35
Dietetic Technicians	29-2051	90	24,400	18,580	27,310	20,020	22,570	26,960
			11.75	8.95	13.15	9.65	10.85	12.95
Pharmacy Technicians	29-2052	640	27,540	20,930	30,850	22,910	27,010	30,910
			13.25	10.05	14.85	11.00	13.00	14.85
Respiratory Therapy Technicians	29-2054	10	36,160	32,590	37,940	32,250	34,920	37,590
			17.40	15.65	18.25	15.50	16.80	18.05
Surgical Technologists	29-2055	80	31,710	27,820	33,650	27,270	29,750	35,490
			15.25	13.40	16.20	13.10	14.30	17.05
Veterinary Technologists and Technicians	29-2056	60	25,430	22,090	27,100	22,310	24,650	28,050
			12.20	10.60	13.05	10.75	11.85	13.50
Licensed Practical and Licensed Vocational Nurses	29-2061	1,980	34,610	29,700	37,060	31,330	34,600	37,870
			16.65	14.30	17.80	15.05	16.65	18.20
Medical Records and Health Information	29-2071	150	31,300	22,400	35,750	23,820	29,760	36,550
Technicians			15.05	10.75	17.20	11.45	14.30	17.55
Opticians, Dispensing	29-2081	60	28,150	21,330	31,560	22,790	26,480	29,480
			13.55	10.25	15.15	10.95	12.75	14.15



Entry and Experienced wages represent the mean of the lower third and the mean of the upper two-thirds of the wage distribution respectively. The OES survey does not collect information for entry or experienced workers. Tennessee Department of Labor & Workforce Development, Employment Security Division, Labor Market Information. Publish date June 2013.



Total all industries

BOS area 470001

Healthcare Support Occupations

	Occ.	Est.	Mean	Entry	Exp.		Median	
Occupation	code	empl.	wage	wage	_	25th pct	_	75th pct
HEALTHCARE SUPPORT OCCUPATIONS	31-0000	4,970	23,250	16,730	26,500	18,150	21,020	23,860
			11.20	8.05	12.75	8.75	10.10	11.45
Home Health Aides	31-1011	600	20,460	17,310	22,030	18,890	21,110	22,830
			9.85	8.30	10.60	9.10	10.15	11.00
Psychiatric Aides	31-1013	240	N/A	N/A	N/A	N/A	N/A	N/A
			N/A	N/A	N/A	N/A	N/A	N/A
Nursing Assistants	31-1014	2,750	19,650	16,740	21,110	17,400	19,470	22,270
			9.45	8.05	10.15	8.35	9.35	10.70
Occupational Therapist Assistants	31-2011	70	56,860	43,060	63,760	50,180	59,730	68,040
			27.35	20.70	30.65	24.15	28.70	32.70
Physical Therapist Assistants	31-2021	210	58,440	48,420	63,450	50,860	58,790	67,560
•			28.10	23.30	30.50	24.45	28.25	32.50
Physical Therapist Aides	31-2022	50	22,400	18,900	24,150	20,090	22,180	24,340
			10.75	9.10	11.60	9.65	10.65	11.70
Dental Assistants	31-9091	290	27,760	19,900	31,690	21,090	23,900	33,850
			13.35	9.55	15.25	10.15	11.50	16.25
Medical Assistants	31-9092	410	23,280	18,480	25,680	19,980	23,010	26,830
1120120111110	21,70,-		11.20	8.90	12.35	9.60	11.05	12.90
Medical Equipment Preparers	31-9093	20	27,850	21,820	30,870	22,900	27,570	32,890
Trodical Equipment Tropasors	51 7075	20	13.40	10.50	14.85	11.00	13.25	15.80
Medical Transcriptionists	31-9094	60	26,750	21,690	29,280	23,110	26,620	29,750
Wednesd Transcriptionists	51 7071	00	12.85	10.45	14.10	11.10	12.80	14.30
Veterinary Assistants and Laboratory Animal	31-9096	N/A	22,210	16,660	24,990	18,230	22,390	26,770
Caretakers	31-9090	11/14	10.70	8.00	12.00	8.75	10.75	12.85
Phlebotomists	31-9097	80	22,290	16,690	25,100	18,270	21,830	26,480
Phicotomists	31-9097	80	10.70	8.00	12.05	8.80	10.50	12.75
H M G	21 0000	20						
Healthcare Support Workers, All Other	31-9099	20	37,120	27,500	41,930	32,060	38,780	43,620
			17.85	13.20	20.15	15.40	18.65	20.95

Entry and Experienced wages represent the mean of the lower third and the mean of the upper two-thirds of the

wage distribution respectively. The OES survey does not collect information for entry or experienced workers. Tennessee Department of Labor & Workforce Development, Employment Security Division, Labor Market Information. Publish date June 2013.



Total all industries

Jackson, TN MSA

Healthcare Practitioners and Technical Occupations

	Occ.	Est.	Mean	Entry	Exp.		Median	
Occupation	code	empl.	wage	wage	_	25th pet	_	75th pct
HEALTHCARE PRACTITIONERS AND	29-0000	5,750	58,940	29,680	73,570	34,640	45,090	59,450
TECHNICAL OCCUPATIONS			28.35	14.25	35.35	16.65	21.70	28.60
Dentists, General	29-1021	40	220,070	146,170	**	169,970	**	**
			105.80	70.30	*	81.70	*	*
Dietitians and Nutritionists	29-1031	30	43,220	29,490	50,080	31,730	41,640	53,340
			20.80	14.20	24.10	15.25	20.00	25.65
Optometrists	29-1041	20	102,450	47,400	129,980	55,340	101,530	133,070
•			49.25	22.80	62.50	26.60	48.80	64.00
Pharmacists	29-1051	150	108,480	83,820	120,810	103,200	114,990	129,620
			52.15	40.30	58.10	49.60	55.30	62.30
Family and General Practitioners	29-1062	20	193,230	115,650	232,030	122,790	180,200	**
			92.90	55.60	111.55	59.05	86.65	*
Surgeons	29-1067	30	N/A	N/A	N/A	N/A	N/A	N/A
			N/A	N/A	N/A	N/A	N/A	N/A
Physicians and Surgeons, All Other	29-1069	190	249,250	220.650	**	**	**	**
Thy ole land burgeone, The owner	_, 100,	1,50	119.85	106.10	*	*	*	*
Physician Assistants	29-1071	N/A	86,260	70,670	94,050	74,530	85,400	94,23.0
1 11/ 5 15 141 1 1 2 5 15 141 150			41.45	34.00	45.20	35.85	41.05	45,30
Occupational Therapists	29-1122	40	66,920	50,930	74,920	56,460	66,450	75,590
The state of the s			32.15	24.50	36.00	27.15	31.95	36.35
Physical Therapists	29-1123	100	75,710	54,450	86,350	58,730	72,010	87,990
4			36.40	26.20	41.50	28.25	34.60	42.30
Respiratory Therapists	29-1126	100	41,600	34,320	45,240	34,750	39,180	47,080
- The state of the			20.00	16.50	21.75	16.70	18.85	22.65
Speech-Language Pathologists	29-1127	N/A	50,170	36,060	57,220	41,100	50,580	57,270
			24.10	17.35	27.50	19.75	24.30	27.55
Registered Nurses	29-1141	2,320	50,060	40,810	54,690	42,530	48,070	57,630
Tegistered Traises		,	24.05	19.60	26.30	20.45	23.10	27.70
Nurse Practitioners	29-1171	80	81,480	65,410	89,510	72,170	83,030	91,980
×			39.15	31.45	43.05	34.70	39.90	44.20
Audiologists	29-1181	10	75,430	59,070	83,610	63,950	80,000	88,220
8			7	, , ,	, , ,			,

		19	36.25	28.40	40.20	30.75	38.45	42.40
Medical and Clinical Laboratory Technologists	29-2011	120	54,860	38,420	63,090	43,820	56,780	67,310
			26.40	18.45	30.35	21.05	27.30	32.35
Medical and Clinical Laboratory Technicians	29-2012	210	30,110	20,460	34,930	22,870	28,520	36,940
			14.50	9.85	16.80	11.00	13.70	17.75
Dental Hygienists	29-2021	60	55,440	52,220	57,050	51,440	55,400	59,370
			26.65	25.10	27.45	24.75	26.65	28.55
Cardiovascular Technologists and Technicians	29-2031	100	45,550	28,170	54,240	33,080	45,590	57,090
			21.90	13.55	26.10	15.90	21.90	27.45
Diagnostic Medical Sonographers	29-2032	50	55,050	43,150	61,000	45,820	54,710	65,020
	20.2022	20	26.45	20.75	29.35	22.05	26.30	31.25
Nuclear Medicine Technologists	29-2033	20	67,640 32.50	55,080 26.50	73,920 35.55	58,390 28.05	67,420 32.40	75,580 36.35
Dadialagia Tashnalagista and Tashnisians	29-2034	140	42,190	33,990	46,290	35,470	41,350	47,750
Radiologic Technologists and Technicians	29-2034	140	20.30	16.35	22.25	17.05	19.90	22.95
Magnetic Resonance Imaging Technologists	29-2035	20	53,530	44,280	58,150	47,820	53,360	58,840
magnetic resonance magnet reamongues	2) 2033	3	25.75	21.30	27.95	23.00	25.65	28.30
Emergency Medical Technicians and Paramedics	29-2041	110	32,740	27,040	35,600	27,500	31,110	37,750
			15.75	13.00	17.10	13.20	14.95	18.15
Pharmacy Technicians	29-2052	130	27,610	21,430	30,710	22,300	26,200	33,070
			13.30	10.30	14.75	10.70	12.60	15.90
Surgical Technologists	29-2055	150	33,780	26,690	37,330	27,990	32,640	37,700
			16.25	12.85	17.95	13.45	15.70	18.10
Licensed Practical and Licensed Vocational Nurses	29-2061	750	32,450	25,990	35,670	27,700	32,160	37,000
			15.60	12.50	17.15	13.30	15.45	17.80
Medical Records and Health Information	29-2071	170	32,030	22,410	36,840	24,500	29,940	37,210
Technicians			15.40	10.75	17.70	11.80	14.40	17.90
Opticians, Dispensing	29-2081	N/A	29,380	17,060	35,540	18,620	27,980	40,800
			14.10	8.20	17.10	8.95	13.45	19.60



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Total all industries

Jackson, TN MSA

Healthcare Support Occupations

	Occ.	Est.	Mean	Entry	Exp.		Median	
Occupation	code	empl.	wage	wage	wage	25th pet	wage	75th pct
HEALTHCARE SUPPORT OCCUPATIONS	31-0000	1,920	24,370	17,880	27,610	19,420	22,470	27,400
			11.70	8.60	13.25	9.35	10.80	13.15
Home Health Aides	31-1011	240	19,520	16,840	20,850	17,440	19,570	22,260
			9.40	8.10	10.05	8.40	9.40	10.70
Nursing Assistants	31-1014	510	21,730	17,350	23,920	18,980	21,590	24,050
			10.45	8.35	11.50	9.15	10.40	11.55
Physical Therapist Assistants	31-2021	80	47,600	39,040	51,880	41,210	46,000	54,450
			22.90	18.75	24.95	19.80	22.10	26.20
Massage Therapists	31-9011	N/A	31,340	25,470	34,280	30,960	33,470	35,990
			15.05	12.25	16.50	14.90	16.10	17.30
Dental Assistants	31-9091	120	34,120	25,100	38,640	27,100	33,580	41,190
			16.40	12.05	18.60	13.05	16.15	19.80
Medical Assistants	31-9092	520	23,270	17,890	25,960	19,420	22,530	26,810
2			11.20	8.60	12.50	9.35	10.85	12.90
Medical Transcriptionists	31-9094	60	32,550	26,150	35,750	27,460	32,090	37,320
			15.65	12.55	17.20	13.20	15.45	17.95
Pharmacy Aides	31-9095	50	22,930	20,070	24,360	20,530	22,440	24,470
			11.05	9.65	11.70	9.85	10.80	11.75
Veterinary Assistants and Laboratory Animal	31-9096	N/A	24,320	22,030	25,460	21,160	22,570	23,970
Caretakers			11.70	10.60	12.25	10.20	10.85	11.50
Phlebotomists	31-9097	120	22,650	17,990	24,980	19,560	22,090	25,250
			10.90	8.65	12.00	9.40	10.60	12.15
Healthcare Support Workers, All Other	31-9099	10	30,060	20,210	34,990	24,820	31,320	37,240
			14.45	9.70	16.80	11.95	15.05	17.90

Entry and Experienced wages represent the mean of the lower third and the mean of the upper two-thirds of the wage distribution respectively. The OES survey does not collect information for entry or experienced workers. Tennessee Department of Labor & Workforce Development, Employment Security Division, Labor Market Information. Publish date June 2013.

Comparable Cost Data

2013

Facility Name:	ID	Home Co.	Total Pts	Revenue	Rev. / Pt.	Per Diem
Aseracare Hospice-McKenzie		Carroll	808			
Baptist Memorial HC &Hospice	9625	Carroll	53	397,535	7,501	\$132
Hospice Compassus-The Highland Rim	16604	Coffee	912	7,911,662	8,675	\$141
Avalon Hospice	19694	Davidson	1,415	15,912,655	11,246	\$149
Caris Healthcare	19714	Davidson	837	13,903,468	16,611	\$149
Caris Healthcare	24606	Fayette	210	3,172,910	15,109	\$148
Henry Co. Medical Cntr Hospice	40615	Henry	152	964,784	6,347	\$132
Hospice of West Tennessee	57605	Madison	813	4,580,059	5,634	\$132
Tennessee Quality Hospice	57615	Madison	487	6,394,960	13,131	\$132
Legacy Hospice of the South	55605	McNairy	85	983,472	11,570	\$132
Magnolia Regional HCH Hospice	96600	Other	97	6,657,268	68,632	\$132
Unity Hospice Care of TN, LLC	68604	Реггу	147	1,758,080	11,960	\$132
Volunteer Hospice	91602	Wayne	75	792,824	10,571	\$132
Guardian Hospice of Nashville, LLC	94614	Williamson	234	3,090,220	13,206	\$136
Willowbrook Hospice, Inc	94604	Williamson	276	3,049,575	11,049	\$147
Average					11,957	\$137

Source: Division of Health Statistics, 2010 JARs, Schedule D - Finances



P.O. Box 15284 Wilmington, DE 19850

HOSPICE ALPHA INC 2131 MURFRESBORO PIKE STE 203A NASHVILLE, TN 37217-6306

Customer service information

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com

Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

Your Business Interest Maximizer

for March 1, 2014 to March 31, 2014

HOSPICE ALPHA INC

Account number: 0044 4078 2382

Account summary

Beginning balance on March 1, 2014	\$116,520.00	
Deposits and other credits	0,00	
Withdrawals and other debits	0.00	
Checks	-0.00	
Service fees	-0.00	
Ending balance on March 31, 2014	\$116,020.00	

of deposits/credits: 0
of withdrawals/debits:
of Items-previous cycle¹: 0
of days in cycle: 31
Average ledger balance: \$116,116.77



P.O. Bôx 15284 Wilmington, DE 19850

HOSPICE ALPHA INC 2131 MURFRESBORO PIKE STE 203A NASHVILLE, TN 37217-6306

Customer service information

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for March 1, 2014 to March 31, 2014
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Ending balance on March 31, 2014	\$116,020.00	

Account number: 0044 4078 2382

of deposits/credits: 0
of withdrawals/debits:
of items-previous cycle¹: 0
of days in cycle: 31

Average ledger balance: \$116,116,77.

Includes checks paid,deposited items&other debits



LETTER OF INTENT TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is to be pu		Tennessean e of Newspaper)	_ which is a newspaper		
of general circulation in <u>Humphreys</u> one day.	Hickman, Lawrence, Le (Counties)	wis & Wayne on	or before <u>April 9, 2014</u> for (Month / day) (Year)		
This is to provide official notice to taccordance with T.C.A. §68-11-160 that Hospice Alpha, Inc., 102 N. Papplying for a Certificate of Need Benton, Chester, Decatur, Hardin, Wayne Counties. There is no majo be initiated or discontinued. It is prediction to the stimated project cost	1, et seq., and the Rules oplar Street, Linden, Te for the establishment of Henderson, Hickman, Hr medical equipment involposed that the Applicar	s of the Health Sennessee 37096, a hospice agen lumphreys, Lawro lived with this pro at will be licensed	ervices and Development Agency owned and managed by itself, is ney to serve in-home residents of ence, Lewis, McNairy, Perry, and bject. No other health services will by the Tennessee Department of		
The anticipated date of filing the ap	olication is: April 14, 201	4.			
The contact person for this project i	E. Graham Bak (Contact Name)	er, Jr.	Attorney (Title)		
who may be reached at: his office at (Company Name) 2021 Richard Jones Ro			Jones Road, Suite 120 dress)		
	TN 37215 (Zip Code		615/ 370-3380 rea Code / Phone Number)		
Egahan Sakan, In (Signature)		<u>gr</u>	raham@grahambaker.net (E-mail Address)		
The Letter of Intent must be <u>filed in triplicate</u> and <u>received between the first and the tenth</u> day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:					
Health Services and Development Agency Andrew Jackson Building 502 Deaderick Street, 9 th Floor Nashville, Tennessee 37243					

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of

HF0051 (Revised 7/02 – all forms prior to this date are obsolete)

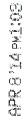
the application by the Agency.



LETTER OF INTENT TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is	to be published in th	e <u>The Jackson Sun</u> (Name of Newspaper)	which is a newspaper		
of general circulation in <u>B</u> for one day.	enton, Chester, Deca (Counties)	tur, Hardin, Henderson & N	McNairy on or before April 9, 2014 (Month / day) (Year)		
This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$100,000.00.					
The anticipated date of fili	ng the application is: /	April 14, 2014.			
The contact person for this	project isE.	Graham Baker, Jr. (Contact Name)	Attorney (Title)		
who may be reached at: _	his office at	2021 Richa	ard Jones Road, Suite 120		
. –	(Company Name)		(Address)		
Nashville (City)	TN (State)	37215 (Zip Code)	615/ 370-3380 (Area Code / Phone Number)		
Effahan Baker (Signa	ture)	04/08/14 (Date)	graham@grahambaker.net (E-mail Address)		
The Letter of Intent must be <u>filed in triplicate</u> and <u>received between the first and the tenth</u> day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address: Health Services and Development Agency Andrew Jackson Building					
502 Deaderick Street, 9 th Floor Nashville, Tennessee 37243					
Nasiville, Tellilessee 3/243					
care institution wishing to op Development Agency no lat Agency meeting at which to	ppose a Certificate of Ne er than fifteen (15) day the application is origin	eed application must file a wr ys before the regularly scheonally scheonally scheduled; and (B) Ar	.C.A. § 68-11-1607(c)(1). (A) Any health itten notice with the Health Services and duled Health Services and Development by other person wishing to oppose the Agency at or prior to the consideration of		

the application by the Agency.





LETTER OF INTENT TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent	is to be published in the	Buffalo River R	eview which is	a newspaper
of general circulation in	Perry on or before _ (Counties)	April 9, 2014 for (Month / day) (Year)	one day.	
accordance with T.C.A. that Hospice Alpha, Inc applying for a Certificat Benton, Chester, Decat Wayne Counties. There be initiated or discontinu	e of Need for the estab ur, Hardin, Henderson, I	d the Rules of the He Linden, Tennessee 3 lishment of a hospice Hickman, Humphreys ipment involved with the Applicant will be lice	alth Services and De 7096, owned and me agency to serve in Lawrence, Lewis, I his project. No othe ensed by the Tenne	evelopment Agency, nanaged by itself, is n-home residents of McNairy, Perry, and r health services will
The anticipated date of f	iling the application is: A	pril 14, 2014.		
The contact person for the		iraham Baker, Jr. Contact Name)	Atto	rney tle)
who may be reached at:	his office at (Company Name)	2021 Ri	chard Jones Road, ((Address)	Suite 120
Nashville (City)	TN (State)	37215 (Zip Code)	615/ 370- (Area Code / Phone N	3380 lumber)
Egrahan Sake (Sig	nature)	04/08/14 (Date)	graham@graha (E-mail Address)	mbaker.net
The Letter of Intent must last day for filing is a Sa this form at the following	Health Service Andre 502 Dead	received between the football t	cur on the preceding	of the month. If the business day. File
care institution wishing to one Development Agency no I Agency meeting at which	ent must contain the following popose a Certificate of New ater than fifteen (15) days the application is original objection with the Health	ed application must file a before the regularly so ally scheduled; and (B)	written notice with the heduled Health Servio Any other person w	e Health Services and ces and Development ishing to oppose the

Town Of Linden"A family kind of place"



April 28, 2014

Melanie Hill, Executive Director Health Services Development Agency Andrew Jackson Bldg. 9th Floor 502 Deadrick Street Nashville, TN 37243

Dear. Miss. Hill:

I would like to express to you, and the review committee, my support of Hospice Alpha Inc.'s application for a Certificate of Need to provide hospice care in Linden and Perry County.

As Mayor of the Town of Linden I can attest to the need for hospice care by our aging population. Hospice Alpha Inc., if approved, can provide the needed end of life care.

Please give Hospice Alpha Inc., the opportunity to meet this need.

Sincerely

Jim Azbill

Mayor

P.S.

I have no affiliation with this company.

April 28, 2014

Melanie Hill, Executive Director Health Services Development Agency Andrew Jackson Bldgs., 9TH Floor 502 Deadrick Street Nashville, TN 37243.

Dear Ms. Hill,

It is my pleasure to write a letter in support of the proposal Hospice Alpha Inc. for a Certificate of Need application. This area desperately needs the Hospice agency for hospice services needed. Hospice Alpha

Inc. services will assist those with end of life care in this area at large.

I respectfully urge you to support this beneficial program that all our Community will be benefited from. This will also help the economy of this area, surrounding cities and counties.

Respectfully,

John H. Carroll, Perry County Mayor



State of Tennessee Health Services and Development Agency

Frost Building, 3rd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243 www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

April 17, 2014

E. Graham Baker, Jr. Attorney 2021 Richard Jones Road, Suite 120 Nashville, TN 37215

RE: CN1404-010

Hospice Alpha, Inc.

Dear Mr. Baker:

This will acknowledge our April 14, 2014, receipt of your application for a Certificate of Need to establish a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

<u>Please submit responses in triplicate by 4:00 p.m., Thursday, April 24, 2014.</u> If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

1. Section A, Applicant Profile, Item 6

The lease ending October 1, 2014 is noted. Please indicate the location in the document where the lease is renewable past this date.

2. Section A, Applicant Profile, Item 12

Please provide documentation that clarifies what hospice services are required to be provided by a hospice provider for Medicare participation.

3. Section B, Project Description, Item I

Please clarify if the applicant will provide perinatal and pediatric hospice services.

Please provide a brief description of the ownership structure of the applicant. Please include the applicant's bio and experience in operating an in-home hospice.

Please provide a brief description of the funding for the proposed project.

What does the applicant plan to provide directly and what by contractual agreement?

4. Section B. Project Description, Item II.A.

The article located in attachment B.II.C.7 is noted. Please provide a copy of the the 2 charts referenced in the article.

5. Section B. Project Description, Item II.C.

The applicant believes the hospice penetration rate for the service area would be higher with increased education to the general public. Please provide details of the education provided to the public by the applicant that would increase hospice services.

On page 19 of the application, there is a list of 4 hospices approved by the Agency within the last 6 years. Please clarify if there were any conditions placed by the Agency on any of the listed CONs.

6. Section B, Project Description Item III.A. (Plot Plan)

Please indicate the size of the site on the plot plan and resubmit.

7. Section B, Project Description, Item IV (Floor Plan)

The proposed hospice office is 902 sq. Please clarify if the proposed site is large enough to store medical records, accommodate staff, desks, etc.

8. Section C, Need, Item 1. (Service Specific Criteria-Hospice Services)

1. Adequate Staffing

Please describe the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization. Please describe how the applicant will meet those guidelines.

2. Community Linkage Plan

Please provide a community linkage plan that demonstrates factors such as, but not limited to relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems.

Please provide letters from physicians in support of the application that details specific instance of unmet need.

4. Access

Please describe any instances of limited access to hospice services in the proposed service area.

5. Indigent Care

Please address and respond to the areas (a-c) in this standard.

6. Quality Control and Monitoring

Please identify and document the applicant's proposed plan for data reporting, quality improvement, and outcome and process monitoring system.

Please clarify if the applicant intends to be fully accredited by The Joint Commission or other accrediting body.

8. Education

Please provide details of the applicant's plan to educate service area providers and others in the community about the need for timely referral of hospice patients.

12. Types of Care

Please explain why Alpha seeks to become a hospice provider but does not want to provide all levels of care.

Please describe the routine hospice care the applicant will provide.

Do state licensure and federal certification regulations permit a hospice to provide less than all four levels of care? If so, please provide documentation (such as the citation from licensure or certification regulation, reference from the Social Security Act, interpretive guidance or reimbursement manual).

If a patient requires a level of care not provided by Alpha, will the patient be discharged or will Alpha contract with another hospice to provide that care? How will Alpha minimize harm or disruptions in care to the patient?

9. Service Area

The applicant response to the proposed hospice service area standard is noted. However, please complete the following chart to evaluate if the proposed service area counties qualify as a service area county according to current state health plan criterion and standards:

County	Penetration Rate	State Penetration Rate (80%)	Is county percentage less than 80% of the Statewide Median Hospice Penetration Rate?	Per the State Health Plan, does county qualify to be included in service area? Yes/No
Benton	0.430	0.367	No	No
Chester	0.346	0.367	Yes	Yes
Decatur	0.298	0.367		
Hardin	0.319	0.367		
Henderson	0.406	0.367		
Hickman	0.435	0.367		
Humphreys	0.340	0.367		
Lawrence	0.407	0.367		
Lewis	0.324	0.367		
McNairy	0.456	0.367		
Perry	0.243	0.367		
Wayne	0.398	0.367		
Total for				
service area				

10. Section C, Need, Item 4.A.

Your response to this item projecting population is two years forward is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table projecting four years forward and include data for each county in your proposed service area.

Variable	County 1	County 2	County 3	Service Area	Tennessee
Current Year (2014), Age 65+			1		
Projected Year (2018), Age 65+					
Age 65+, % Change					
Age 65+, % Total (2018)					
2014, Total Population					
2018, Total Population					
Total Pop. % Change					
TennCare Enrollees					
TennCare Enrollees as a % of Total Population					
Median Age					
Median Household					
Income					
Population % Below Poverty Level					

11. Section C, Need, Item 4.B.

Your response including medically underserved areas in the proposed service area is noted. However, please indicate if any of the 12 proposed service area counties has a cancer rate higher than the most recent state average.

Please indicate if there are any other special needs of the proposed service area population.

12. Section C, Need, Item 5.

The applicant states hospice patients served in the proposed service area was 716 in 2010 increasing to 1,172 in 2013. This is a 63.8% increase. Why was there an increase of over 63% in hospice patients during this period of time?

The applicant projects to serve 60 patients in Year 1 and 85 patients in Year 2 of the proposed project. Please complete the following table reflecting the distribution of patients in the twelve county service area in the first two years of the project:

County	Year 1 Projected Patients	Year Two Projected Patients	2011-2012 TDH Projected Need/Surplus at 85% penetration rate
Benton			
Chester			
Decatur			
Hardin			
Henderson			
Hickman			
Humphreys			
Lawrence			
Lewis			
McNairy			
Perry			
Wayne			
Total	60	85	

13. Section C, Need, Item 6.

Please provide documentation from referral sources to support projecting 60 patients in Year One and 85 patients in Year Two.

The applicant states the hospice penetration rate should be higher with increased education of the general public. What type of education would the applicant provide that is not already provided by existing hospice providers in the 12 county service area?

14. Section C., Economic Feasibility, Item 1 Project Costs Chart

Please clarify if the cost of a medical record system, data reporting system, office furniture, computers, etc. were included in the Project Cost chart.

15. Section C., Economic Feasibility, Item 2

The balance of \$116,520.00 in the Bank of America Hospice Alpha account is noted. However, please provide a letter from the Chief Financial Officer of Hospice Alpha designating cash reserves to fund the proposed project.

16. Section C., Economic Feasibility, Item 4 (Projected Data Chart)

The number of patients served in Year One and Year Two in the Projected Data Chart is noted. However, please also indicate the patient days in Year One and Year Two of the proposed project.

Please itemize "D.9 Other expenses" in the Projected Data Chart.

Please clarify if the applicant has included the expense of Joint Commission accreditation.

17. Section C., Economic Feasibility, Item 8

It is noted the applicant's owner has been in business for many years in auxiliary health. Please clarify what is involved in auxiliary health.

According to the State Health plan, there is a need of 22 patients in the proposed service area. The applicant is projecting 60 patients in Year One, how many patients are needed to break even in Year One?

18. Section C., Economic Feasibility, Item 10

Please provide Attachment C.EF.2.

19. Section C., Orderly Development, Item 2

The applicant states relationships with area providers will be pursued after CON approval. Please indicate what type of agreements will be pursued by the applicant if approved.

20. Section C., Orderly Development, Item 3

Your response to this item is noted. It appears the table indicating the estimated hourly salaries in Year One may exceed the projected amount of \$298,680 in Year One of the Projected Data Chart. Please clarify.

21. Section C., Orderly Development, Item 7. (b)

The applicant did not mention Joint Accreditation in the response, even though the current hospice criteria and standards indicate that Joint Commission accreditation should be sought. Please explain.

22. Proof of Publication

Please submit a copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.

23. Project Completion Forecast Chart

The applicant projects an agency decision date of August 2014 which is incorrect. This application is currently scheduled to be heard July 23, 2014.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." For this application the sixtieth (60th) day after written notification is June 16, 2014. If this application is not deemed complete by this date, the application will be deemed void. Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-

submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the <u>next review cycle</u>, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. \Rightarrow 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please contact this office.

Sincerely,

Phillip Earhart

Health Services Examiner

PME

Enclosure

COPY SUPPLEMENTAL-1

Hospice Alpha, Inc.

CN1404-010

Anderson & Baker

An Association of Attorneys

2021 RICHARD JONES ROAD, SUITE 120 NASHVILLE, TENNESSEE 37215-2874

ROBERT A. ANDERSON

Direct:

615-383-3332

Facsimile: 615-383-3480

E. GRAHAM BAKER, JR.

Direct:

615-370-3380

Facsimile:

615-221-0080

May 30, 2014

Phillip Earhart Health Services Examiner Tennessee Health Services & Development Agency Andrew Jackson Building, 9th Floor 502 Deaderick Street Nashville, TN 37243

RE:

Supplemental Information: Certificate of Need Application CN1404-010

Hospice Alpha, Inc.

Dear Phillip:

Enclosed are three (3) copies of responses to your supplemental questions regarding the referenced Certificate of Need application. If you have any additional questions, please contact me.

Sincerely,

Graham Baker, Jr.

Enclosures as noted

AFFIDAVIT

STATE OF TENNESSEE COUNTY OF DAVIDSON

NAME OF FACILITY:

Hospice Alpha, Inc. (CN1404-010)

I, E. Graham Baker, Jr., after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge, information and belief.

Gahan Saken,

Attorney at Law

Sworn to and subscribed before me, a Notary Public, this 30th day of May, 2014; witness my hand at office in the County of Davidson, State of Tennessee.

NOTARY PUBL

My Commission exp

1. Section A, Applicant Profile, Item 6

The lease ending October 1, 2014 is noted. Please indicate the location in the document where the lease is renewable past this date.

Response: Attachment A.6., page 4, paragraph 9, "Termination/Holding Over" where it states:

"Any Holding Over by the Tenant of the Property after the expiration of this Lease shall operate and be construed as a tenancy from month to month only with Base Rent in an amount equal to 100% of the Base Rent payable in Paragraph 3 herein."

A month to month tenancy confers to the Tenant the right to occupy the premises until terminated by either party. Further, the parties (Landlord and Tenant) have the contractual right to enter into another lease at any time.

As a result of the terms of the lease, the Applicant (Tenant) has control of the property through the anticipated hearing date for this project, and as a result of the explanation given above, the Applicant (Tenant) has a legal right to extend the existing lease until termination and/or renegotiate a new lease with the Landlord.

Supplemental Responses May 30, 2014 3:15pm

2. Section A, Applicant Profile, Item 12

Please provide documentation that clarifies what hospice services are required to be provided by a hospice provider for Medicare participation.

Response: This documentation was provided on the front page of *Attachment B.II.C.2*, which states, in part:

"HOSPICE According to Title 18, Section 1861 (dd) of the Social Security Act, the term 'hospice care' means the following items and services provided to a terminally ill individual by, or by others under arrangements made by, a hospice program under a written plan (for providing such care to such individual) established and periodically reviewed by the individual's attending physician and by the medical director (and by the interdisciplinary group described in paragraph (2)(B) of the program –

- (A) nursing care provided by or under the supervision of a registered professional nurse,
- (B physical or occupational therapy, or speech-language pathology services,
- (C) medical social services under the direction of a physician,
- (D) (i) services of a home health aide who has successfully completed a training program approved by the Secretary and (ii) homemaker services,
- (E) medical supplies (including drugs and biologicals) and the use of medical appliances, while under such plan,
- (F) physicians' services,
- (G) short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management) in an inpatient facility meeting such conditions as the Secretary determines to be appropriate to provide such care, but such respite care may be provided only on an intermittent, nonroutine, and occasional basis and may not be provided consecutively over longer than five days,
- (H) counseling (including dietary counseling) with respect to care of the terminally ill individual and adjustment to his death, and
- (I) any other item or service which is specified in the plan and for which payment may otherwise be made under this title.

The care and services described in subparagraphs (A) and (D) may be provided on a 24-hour, continuous basis only during periods of crisis (meeting criteria established by the Secretary) and only as necessary to maintain the terminally ill individual at home."

Supplemental Responses AL- # 1
May 30, 2014
3:15pm

3. Section B, Project Description, Item I

Please clarify if the applicant will provide perinatal and pediatric hospice services.

Response: As there is no requirement for such, the Applicant will not provide these services.

Please provide a brief description of the ownership structure of the applicant.

Response: Hospice Alpha, Inc. is 100% owned by Beatrice Nkoli Mbonu, 5008 Chadfield Way, Antioch (Davidson County), Tennessee 37013.

Please include the applicant's bio and experience in operating an in-home hospice.

Response: The Owner of the Applicant currently operates a hospice in Houston, Texas, and also operates a nurse staffing company in Nashville, Tennessee. The hospice in Texas is accredited by Community Health Accreditation Program ("CHAP"), and is recognized by CMS.

Please provide a brief description of the funding for the proposed project.

Response: The Applicant has set up a bank account with Bank of America, and funded that account with an initial deposit of \$116,020.00. A copy of the latest bank statement showing that amount was included as *Attachment C.EF.10*.

What does the applicant plan to provide directly and what by contractual agreement?

Response: All of the services required for Medicare participation will be provided, as previously described in the original application, *Attachment B.II.C.2* and replicated in response to Supplemental Question #2. The following services from that list will be provided directly by the Applicant's staff: (A) nursing care; and (D) home health aide care. All other required services will be provided under contract.

Supplemental Responses
May 30, 2014
3:15pm

4. Section B. Project Description, Item II.A.

The article located in attachment B.II.C.7 is noted. Please provide a copy of the the 2 charts referenced in the article.

Response: Please see Supplemental B.II.C.7.

Supplemental Responses May 30, 2014
3:15pm

5. Section B. Project Description, Item II.C.

The applicant believes the hospice penetration rate for the service area would be higher with increased education to the general public. Please provide details of the education provided to the public by the applicant that would increase hospice services.

Response: There is a documented unmet need for hospice care in the total service area. This indicates that either there is a resistance by the general public for hospice care or the general public is not aware of how hospice care improves the quality of life for terminally ill patients. Either way, there is a need to increase the educational awareness for hospice care of the general public.

The Applicant will train nursing staff to conduct educational presentations on hospice care at area facilities such as nursing homes, homes for the aged, ambulatory living facilities, senior citizen centers, etc. In addition, these nurses will make appointments to interact with area physicians to ensure these physicians are not only active participants in the plan of care for terminally ill patients, but also that they understand the hospice services available with our agency.

On page 19 of the application, there is a list of 4 hospices approved by the Agency within the last 6 years. Please clarify if there were any conditions placed by the Agency on any of the listed CONs.

Response: The HSDA Communique lists the actions taken on projects, by month. It is unknown if any conditions were placed on these applications. The Communique did report that the approved service area of one project was less than what was requested in the application, if that constitutes a "condition." Further, any condition placed on these four applications would appear to have no impact on the Applicant, due to the fact that the service areas of these four projects are far away from the Applicant's proposed service area. In any event, following is a replication of what was contained in the HSDA Communique for each of the 4 hospices:

1. Hancock County Home Health Agency, 147 Court Street, Sneedville (Hancock County), TN 37869, CN0812-121, Contact Person: Jerry W. Taylor, Esq., Phone No. 615-726-1200 APPROVED

The addition of three (3) counties to the existing licensed home health service area of Hancock County. The requested additional counties are: Claiborne, Grainger and Hawkins. The application also seeks to establish a hospice agency to provide hospice services in Claiborne, Grainger, Hancock and Hawkins counties. The home health agency and the hospice agency will be separately licensed. The office is located at 147 Court Street, Sneedville (Hancock County), TN 37869.

\$ 35,000.00

2. A Touch of Grace Hospice of Nashville, LLC, 545 Mainstream Drive, Suite 408, Nashville (Davidson County), TN 37228, CN0902-005, Contact Person: Jennifer Moore, PhD.
Phone No. 312-731-7731
APPROVED

The provision of hospice services in Davidson County with a particular focus on the underserved and un-served populations. The home office being located at 545 Mainstream Drive, Suite 408, Nashville (Davidson County), TN 37228 \$ 168,900

3. All Care Plus, Inc. d/b/a Quality Hospice, 101 Duncan Street, Suite 101-B Jamestown (Fentress County), TN 38556, CN1111-044, Contact Person: E. Graham Baker, Jr., Esq., Phone: 615-370-3380 APPROVED for the following counties: Clay, Fentress, Jackson, Morgan, Overton, Pickett & Scott

The establishment of a home care organization and the initiation of hospice services to be located at 101 Duncan Street, Suite 101-B, Jamestown (Fentress County), Tennessee serving Clay, Cumberland, Fentress, Jackson, Morgan, Overton, Pickett, Putnam, Scott, Van Buren, Warren and White counties. \$60,000.00

4. Hearth, LLC, 1800-A Rossville Avenue, Suite 7, Chattanooga (Hamilton County), TN 37408-1912, CN1203-015, Contact Person: E. Graham Baker, Jr., Esq., Phone No.: 615-370-3380

APPROVED

The establishment of a home care organization to provide hospice services serving Bledsoe, Bradley, Hamilton, McMinn, Marion, Meigs, Polk, Rhea and Sequatchie Counties located at 1800A Rossville Avenue, Suite 7, Chattanooga (Hamilton County), TN, 37408-1912. \$487,000.00

Supplemental Responses
May 30, 2014
3:15pm

6. Section B, Project Description Item III.A. (Plot Plan)

Please indicate the size of the site on the plot plan and resubmit.

Response: Please see Supplemental B.III.

Supplemental Responses May 30, 2014
3:15pm

7. Section B, Project Description, Item IV (Floor Plan)
The proposed hospice office is 902 sq. Please clarify if the proposed site is large enough to store medical records, accommodate staff, desks, etc.

Response: Yes. It is important to note that most of the staff members of a hospice do not normally maintain an office presence – they are in the homes of hospice patients most of the day.

8. Section C, Need, Item 1. (Service Specific Criteria-Hospice Services)

1. Adequate Staffing

Please describe the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization. Please describe how the applicant will meet those guidelines.

Response: The National Hospice and Palliative Care Organization (NHPCO) staffing guidelines are organized into four sections.

- Section 1 contains background about the original 1994 guidelines as well as a key table (Hospice Home Care Staffing Guidelines Analysis) that delineates the factors an agency should use to compare their hospice's characteristics (e.g. length of stay) with median hospice characteristics from NHPCO's National Data Set.
- Section II contains the actual "Staffing Guidelines Analysis Worksheet" that the agency will fill out as they conduct the analysis to determine the staffing caseloads needs for their hospice, based on 11 specific factors, Step-by-step instructions are also provide to help the agency complete both the Analysis and the Worksheet.
- Section III provides three different hospice-program "case scenarios" for illustrative purposes.
- Section IV provides a glossary of the terms used in the document.

The applicant will utilize all the information described in the four sections of NHPCO staffing guidelines beginning with the following steps:

- Analysis our care delivery models, or other models needed,
- Review characteristics of our patient population,
- Review the Environmental issues and
- Unique circumstances of our hospice program.

2. Community Linkage Plan

Please provide a community linkage plan that demonstrates factors such as, but not limited to relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems.

Response: The Applicant will seek relationships with agencies from which patients might be referred (hospitals, nursing homes, assisted living facilities, other hospice agencies), and with other agencies to which the Applicant might refer patients (hospitals, nursing homes, assisted living facilities, other hospice agencies).

Supplemental Responses AL- # 1
May 30, 2014
3:15pm

Please provide letters from physicians in support of the application that details specific instance of unmet need.

Response:

Please see attached physician letters of support (Supplemental C.Need. 1).

4. Access

Please describe any instances of limited access to hospice services in the proposed service area.

Response: The six counties of our proposed service area that show an unmet need have limited access to hospice services.

5. Indigent Care

Please address and respond to the areas (a-c) in this standard.

Response:

- a. The Applicant will seek relationships with agencies from which patients might be referred (hospitals, nursing homes, assisted living facilities, other hospice agencies), in order to conduct outreach and educational efforts about hospice services, including providing services for the indigent and/or charity care.
- **b.** The Applicant will contact Community Centers, Rotary Club, Lions Club and other entities that might have available space to conduct these educational gatherings.
- c. Details of how the Applicant plans to fundraise in order to provide indigent and/or charity care is outlined in the "Memorial Fund Policy" below:

SUBJECT: HOSPICE MEMORIAL FUND

Policy:

A Hospice Memorial Fund is maintained from donations to the hospice. The purpose of this fund is to provide assistance for individuals not able to meet the cost of hospice care and to promote improved patient care specific requests to provide community education, volunteer activities and equipment for hospice care may be honored. This fund is also used to support fund raising activities with the goal of increasing community awareness and generating additional memorial fund dollar.

• Up to \$5,000.00 can be utilized for direct patient care with approval by the Hospice Administrator.

- Up to \$1,000.00 can be utilized for indirect patient care with approval by the Hospice Administrator.
- The Administrator may approve amounts up to \$5,000.00 for budgeted expenses.

Grants from the fund for long-term patient care needs, equipment, or educational purposes and amounts over authorized levels will be approved by the Governing Body and made according to specific requests with stated maximum amounts.

Quarterly, all memorial fund expenses will be reviewed by a task force consisting of individuals from the Governing Body, the Administrator and the Patient Care Director.

Procedure:

1) Donations

- a. Donations received by the Hospice office will be tracked.
- b. An acknowledgment is sent to donor using hospice stationery.
- c. Checks given to the Hospice Program are deposited minimally 2 times per week and a receipt is kept in the Hospice Office.

2) Direct Patient Care

- a. The Administration may access Memorial fund for immediate direct patient care needs.
- b. Financial need will be substantiated by financial analysis.
- c. The appropriate Hospice Team member will be informed of approved usage of Memorial fund.

3) Grants

- a. Grant request to assist with indirect patient care may be made by any patient or patient's family through one of the Hospice Interdisciplinary Team Members. This request should include:
 - i. Financial analysis by social worker.
 - ii. Type of request, i.e., balance of non-covered care such as co-insurance or deductible or utility bills, funeral arrangements.
 - iii. The estimated total dollar amount.
- b. The Hospice Administrator has final responsibility for approving or declining the written application for funds.
- c. The Support Services Manager or Social Worker informs the patient and/or family of decision.

Supplemental Responses AL- # 1
May 30, 2014
3:15pm

d. Grant is applied as approved.

6. Quality Control and Monitoring

Please identify and document the applicant's proposed plan for data reporting, quality improvement, and outcome and process monitoring system.

Response: The Applicant will participate as required in Quality Data Collection and Submission to CMS. Regulation has changed the requirements for the hospice quality reporting program by discontinuing currently reported measures and implementing a Hospice Item Set (HIS) with seven National Quality Forum (NFQ) endorsed measures beginning July 1, 2014. The HIS is a set of data elements that can be used to calculate 7 quality measures – 6 NQF-endorsed measures and 1 modified NQF – endorsed measure:

- NQF #1641 Treatment Preferences
- Modified NQF #1647- Beliefs/Values Addressed
- NQF #1634 & NQF #1637 Pain Screening and Pain Assessment
- NQF #1639 & NQF #1638 Dyspnea Screening and Dyspnea Treatment
- NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen

The Applicant has policies and procedures in place to meet the requirements of the Quality Data Collection and Submission to CMS. The Applicant will begin using the HIS for all patients beginning July 1, 2014. The HIS will be electronically completed and submitted to CMS on an ongoing basis.

Please clarify if the applicant intends to be fully accredited by The Joint Commission or other accrediting body.

Response: Accreditation will be pursued after our requested hospice has been operating for several months.

8. Education

Please provide details of the applicant's plan to educate service area providers and others in the community about the need for timely referral of hospice patients.

Response: There is a documented unmet need for hospice care in the total service area. This indicates that either there is a resistance by the general public for hospice care or the general public is not aware of how hospice care improves the quality of life for terminally ill patients. Either way, there is a need to increase the educational awareness for hospice care of the general public.

Supplementa Responses AL- # 1
May 30, 2014
3:15pm

The Applicant will train nursing staff to conduct educational presentations on hospice care at area facilities such as nursing homes, homes for the aged, ambulatory living facilities, senior citizen centers, etc. In addition, these nurses will make appointments to interact with area physicians to ensure these physicians are not only active participants in the plan of care for terminally ill patients, but also that they understand the hospice services available with our agency.

12. Types of Care

Please explain why Alpha seeks to become a hospice provider but does not want to provide all levels of care.

Response: The Applicant will provide all levels of care required by Medicare.

Please describe the routine hospice care the applicant will provide.

Response: All of the services required for Medicare participation will be provided, as previously described in the original application, *Attachment B.II.C.2* and replicated in response to Supplemental Question #2. The following services from that list will be provided directly by the Applicant's staff: (A) nursing care; and (D) home health aide care. All other required services will be provided under contract.

Do state licensure and federal certification regulations permit a hospice to provide less than all four levels of care? If so, please provide documentation (such as the citation from licensure or certification regulation, reference from the Social Security Act, interpretive guidance or reimbursement manual).

Response: The Applicant will provide all levels of care required by Medicare.

If a patient requires a level of care not provided by Alpha, will the patient be discharged or will Alpha contract with another hospice to provide that care? How will Alpha minimize harm or disruptions in care to the patient?

Response: All of the services required for Medicare participation will be provided, as previously described in the original application, *Attachment B.II.C.2* and replicated in response to Supplemental Question #2. The following services from that list will be provided directly by the Applicant's staff: (A) nursing care; and (D) home health aide care. All other required services will be provided under contract.

Supplemental Responses May 30, 2014 3:15pm

9. Service Area

The applicant response to the proposed hospice service area standard is noted. However, please complete the following chart to evaluate if the proposed service area counties qualify as a service area county according to current state health plan criterion and standards:

County	2012 Penetratio n Rate	2012 State Penetration Rate (80%)	Is county percentage less than 80% of the Statewide Median Hospice Penetration Rate?	Per the State Health Plan, does county qualify to be included in service area? Yes/No
Benton	0.430	0.367	No	No
Chester	0.346	0.367	Yes	Yes
Decatur	0.298	0.367	Yes	Yes
Hardin	0.319	0.367	Yes	Yes
Henderson	0.406	0.367	No	No
Hickman	0.435	0.367	No	No
Humphreys	0.340	0.367	Yes	Yes
Lawrence	0.407	0.367	No	No
Lewis	0.324	0.367	Yes	Yes
McNairy	0.456	0.367	No	No
Perry	0.243	0.367	Yes	Yes
Wayne	0.398	0.367	No	No
Total for service area	0.382			.5.

Response: See chart above. Please note that the Penetration Rates reported on our original *Attachment B.II.C.4* were sourced from the TDoH, Division of Policy, Planning and Assessment, Office of Health Statistics. Some of the numbers above may be different from what the Applicant originally submitted due to rounding errors.

Supplemental Responses

May 30, 2014

3:15pm

10. Section C, Need, Item 4.A.

Your response to this item projecting population is two years forward is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table projecting four years forward and include data for each county in your proposed service area.

Variable	County 1	County 2	County 3	Service Area	Tennessee
Current Year (2014), Age 65+					
Projected Year (2018), Age 65+					
Age 65+, % Change					
Age 65+, % Total (2018)					
2014, Total Population			-		
2018, Total Population					
Total Pop. % Change					
TennCare Enrollees					
TennCare Enrollees as a % of Total Population					
Median Age					
Median Household					
Income					
Population % Below Poverty Level					

Response: See Supplemental C.Need.4.

Supplemental Responses
May 30, 2014
3:15pm

11. Section C, Need, Item 4.B.

Your response including medically underserved areas in the proposed service area is noted. However, please indicate if any of the 12 proposed service area counties has a cancer rate higher than the most recent state average.

Response: According to the "State Health Plan, Certificate of Need Standards and Criteria for Residential Hospice Services and Hospice Services," cancer rates are already considered in the need formula.

Please indicate if there are any other special needs of the proposed service area population.

Response: The special needs that were pointed out in the application are the special needs of the proposed service area population, being:

- 1. Please see Attachment B.II.C.4, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area..." and
- 2. All or part of each of these 12 counties are medically underserved areas, as follows:

Benton	All of the County
Chester	All of the County
Decatur	All of the County
Hardin	All of the County
Henderson	All of the County
Hickman	All of the County
Humphreys	Part of the County
Trumpinoys	I dit of the country
Lawrence	All of the County
	•
Lawrence	All of the County
Lawrence Lewis	All of the County All of the County
Lawrence Lewis McNairy	All of the County All of the County All of the County

See Attachment B.II.C.4.a for the medically underserved areas in our proposed service area.

12. Section C, Need, Item 5.

The applicant states hospice patients served in the proposed service area was 716 in 2010 increasing to 1,172 in 2013. This is a 63.8% increase. Why was there an increase of over 63% in hospice patients during this period of time?

Response: More patients received hospice care in 2013 than in 2010.

The applicant projects to serve 60 patients in Year 1 and 85 patients in Year 2 of the proposed project. Please complete the following table reflecting the distribution of patients in the twelve county service area in the first two years of the project:

County	Year 1 Projected Patients	Year Two Projected Patients	2011-2012 TDH Projected Need/Surplus at 85% penetration rate
Benton	2	3	-9
Chester	4	7	7
Decatur	9	18	13
Hardin	12	23	23
Henderson	2	3	-5
Hickman	2	3	-11
Humphreys	3	6	11
Lawrence	2	3	-8
Lewis	1	2	8
McNairy	2	3	-19
Perry	7	11	13
Wayne	2	3	-1
Total	48	85	22

Response: See above chart. The Applicant has re-evaluated projections and now anticipates seeing 48 patients in year 1. Please see replacement pages 9, 11, 16, 30, 33, 34, 42, and 50.

Supplemental Responses
May 30, 2014
3:15pm

13. Section C, Need, Item 6.

Please provide documentation from referral sources to support projecting 60 patients in Year One and 85 patients in Year Two.

Response: See Supplemental C. Need. 1 for letters of support from area physicians.

The applicant states the hospice penetration rate should be higher with increased education of the general public. What type of education would the applicant provide that is not already provided by existing hospice providers in the 12 county service area?

Response: As stated in response to Supplemental Question 8, section 8, there is a documented unmet need for hospice care in the total service area. This indicates that either there is a resistance by the general public for hospice care or the general public is not aware of how hospice care improves the quality of life for terminally ill patients. Either way, there is a need to increase the educational awareness for hospice care of the general public.

The Applicant will train nursing staff to conduct educational presentations on hospice care at area facilities such as nursing homes, homes for the aged, ambulatory living facilities, senior citizen centers, etc. In addition, these nurses will make appointments to interact with area physicians to ensure these physicians are not only active participants in the plan of care for terminally ill patients, but also that they understand the hospice services available with our agency.

Supplemental Responses May 30, 2014 3:15pm

14. Section C., Economic Feasibility, Item 1 Project Costs Chart

Please clarify if the cost of a medical record system, data reporting system, office furniture, computers, etc. were included in the Project Cost chart.

Response: Yes.

Supplemental Responses AL- # 1
May 30, 2014
3:15pm

15. Section C., Economic Feasibility, Item 2

The balance of \$116,520.00 in the Bank of America Hospice Alpha account is noted. However, please provide a letter from the Chief Financial Officer of Hospice Alpha designating cash reserves to fund the proposed project.

Response: Please see Supplemental C.EF.2.

Supplemental Responses 4 1 May 30, 2014 3:15pm

16. Section C., Economic Feasibility, Item 4 (Projected Data Chart)

The number of patients served in Year One and Year Two in the Projected Data Chart is noted. However, please also indicate the patient days in Year One and Year Two of the proposed project.

Response: The national average length of stay (ALOS) for hospice patients is 71 days. In year one, 48 patients averaging 71 days of hospice care would total 3,408 patient days of care. In year two, 85 patients averaging 71 days of hospice care would total 6,035 patient days of care.

Please itemize "D.9 Other expenses" in the Projected Data Chart.

Response: Please see Replacement Page 43.

Please clarify if the applicant has included the expense of Joint Commission accreditation.

Response: No, as it is not being pursued immediately. Accreditation will be pursued after our requested hospice has been operating for several months.

Supplemental Responses AL- # 1
May 30, 2014
3:15pm

17. Section C., Economic Feasibility, Item 8

It is noted the applicant's owner has been in business for many years in auxiliary health. Please clarify what is involved in auxiliary health.

Response: The Owner of the Applicant currently operates a hospice in Houston, Texas, and also operates a nurse staffing company in Nashville, Tennessee. The hospice in Texas is accredited by Community Health Accreditation Program ("CHAP"), and is recognized by CMS.

According to the State Health plan, there is a need of 22 patients in the proposed service area. The applicant is projecting 60 patients in Year One, how many patients are needed to break even in Year One?

Response: Forty-eight patients. The Applicant has re-evaluated projections and now anticipates seeing 48 patients in year 1. Please see replacement pages 9, 11, 16, 30, 33, 34, 42, and 50.

Supplemental Responses AL - # 1
May 30, 2014
3:15pm

18. Section C., Economic Feasibility, Item 10

Please provide Attachment C.EF.2.

Response: Please see Supplemental C.EF.2.

Supplemental Responses
May 30, 2014
3:15pm

19. Section C., Orderly Development, Item 2

The applicant states relationships with area providers will be pursued after CON approval. Please indicate what type of agreements will be pursued by the applicant if approved.

Response: The Applicant will seek relationships with agencies from which patients might be referred (hospitals, nursing homes, assisted living facilities, other hospice agencies), and with other agencies to which the Applicant might refer patients (hospitals, nursing homes, assisted living facilities, other hospice agencies).

Supplemental Responses AL- # 1
May 30, 2014
3:15pm

20. Section C., Orderly Development, Item 3

Your response to this item is noted. It appears the table indicating the estimated hourly salaries in Year One may exceed the projected amount of \$298,680 in Year One of the Projected Data Chart. Please clarify.

Response: The staffing table originally submitted in the application was erroneous, and was based on an early draft. In fact, there will be only 2 RNs, and 4 CNAs. The Projected Data Chart was based on 2 RNs and 4 CNAs, so no change is necessary there.

Please see replacement pages 14, 15, 19, 20, and 51 (all pages where the staffing charts were noted in the original application).

Hospice Alpha, Inc. CN1404-010

Supplemental Responses AL- # 1
May 30, 2014
3:15pm

21. Section C., Orderly Development, Item 7. (b)

The applicant did not mention Joint Accreditation in the response, even though the current hospice criteria and standards indicate that Joint Commission accreditation should be sought. Please explain.

Response: Accreditation will be pursued after our requested hospice has been operating for several months.

Hospice Alpha, Inc. CN1404-010

Supplementa Responses AL- # 1
May 30, 2014
3:15pm

22. Proof of Publication

Please submit a copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.

Response: Please see attached tear sheets and affidavits.

Hospice Alpha, Inc. CN1404-010

Supplemental Responses May 30, 2014 3:15pm

23. Project Completion Forecast Chart

The applicant projects an agency decision date of August 2014 which is incorrect. This application is currently scheduled to be heard July 23, 2014.

Response: The application is not currently scheduled to be heard, as it has not entered a review cycle. The Applicant anticipated (and still anticipates) entering the June 1 review cycle, and if so, the hearing date will be in August, 2014.

SUPPLEMENTAL- # 1 Supplemental B.IIMay/30, 2014 3:15pm

Table 1. Top 20 Hospice Terminal Diagnoses By Number of Patients

		1998			1999	41		2000		
		Diagnosis			Diagnosis			Diagnosis		
Rank		# of Patien % of ⁻	Ttl Pt: Avg	LOS	# of Patien %of	Γtl Pts* Avg	LOS	# of Patien %of	Ttl Pts Avg	LOS
			- 6							
		Lung CA	1.0	42	Lung CA	1.5	42	Lung CA	4.4	40
	1	67,527 CHF	16	43	71,804 CHF	15	43	75,602 CHF	14	42
•	2	29,478 Colo-rectal CA	7	52	33,897 Colo-rectal CA	,7	52	39,414 CVA / Stroke	7	54
	3	27,448	7	49	29,080	6	49	·	6	37
	_	Non-infect, resp			Non-infect. resp			Colo-rectal CA		
	4	22,522	5	63		6	62		6	49
		CVA / Stroke			CVA / Stroke			Non-infect. resp		
	5	22,149	5	36	25,829	5	36	29,984	6	63
		Prostate CA			Non-Alzheim de			Non-Alzheim de	ementia	
	6	18,885	4	53	21,701	5	56	29,309	5	57
		Other heart dise	ase		Other heart disc	ease		Other heart disc	ease	
	7	18,294	4	57	20,827	4	- 57	25,164	5	55
		Blood/lymph CA			Prostate CA			Debility NOS		
	8 -		4	37	19,271	4	53		4	51
		Breast CA			Blood/lymph CA	4		Alzheimers		
	9	16,220	4	56		4	37	20,633	4	66
		Non-Alzheim der	nentia		Breast CA			Prostate CA		
	10	15,148	4	57	17,185	4	55	19,705	4	52
		Pancreatic CA			Alzheimers			Blood/lymph CA	4	
	11	13,913	3	40	16,006	3	65	19,185	4	36
		Alzheimers			Pancreatic CA			Breast CA		
	12	12,829	3	67	15,211	3	39	18,006	3	55
		Chronic kidney o	lisease		Debility NOS			Pancreatic CA		
	13	10,066	2	23	14,849	3	50	15,764	3	38
		Liver CA			Chronic kidney	dis.		Chronic kidney	dis.	
	14	9,610	2	35	11,947	3	23	14,011	3	22
		Debility NOS			Liver CA			Liver CA		
	15	8,534	2 *	51	10,231	2	35	10,647	2	35
		Parkinsons			Parkinsons			Parkinsons		
	16	6,693	2	67	7,896	2	66	9,572	2	68
		Brain CA			Brain CA			Pneumonias		
	17	,	2	47	6,837	1 *	48	7,798	1	36
		Bladder CA			Ovarian CA			Brain CA		
	18	•	1	37	6,551	1	48	7,131	1	46
		Ovarian CA			Pneumonias			Ovarian CA		
	19		o 1	47	6,475	1	37	6,843	1	45
		Stomach CA			Bladder CA			Bladder CA		
	20	5,671	1		6,254	1	37	6,732	1	36
		80			All Other			All Other		9

Nat'l	*	81,123	19		87,987	19	*	48	96,045	18	May 39, 3:1	2014 5pm
Ttl	ï	420,761	98	48	474,189	99	¥)	48	534,213	100	48	

^{*} Percentages may not sum to 100 due to rounding.

Key, in alphabetical order, with associated ICD-9-CM codes:

Alzheimers = Alzheimer's disease =

Bladder CA =

Blood/lymph CA = Blood and lymphatic cancers =

Brain CA =

Breast CA =

CHF =

Chronic kidney disease =

Chronic liver disease =

Abbreviations

Ttl Pts = Total patients

Avg LOS = Average length of stay

CA = cancer

CHF = Congestive heart failure

CVA = Cerebrovascula

NOS = Not otherwise s

Nat'l Ttl = National tot

Maỳ 30, 2014 3:15pm

2001			2002 ·			2003			.2004
Diagnosis			Diagnosis			Diagnosis			Diagnosis
# of Patien %ofTtl	Pts Avg Lo	OS	# of Patien %ofTtl	Pts* Avg L	OS	# of Patien %ofTtl	Pts*Avg L	OS	# of Patien
Lung CA			Lung CA			Lung CA			Lung CA
77,909	13	43		12	45	83,631	11	48	86,506
CHF			CHF			Non-Alzheim dem	entia		Non-Alzhei
44,846	8	58	50,793	8	64	60,919	8	81	71,171
Non-Alzheim dem	entia		Non-Alzheim dem	entia		CHF			CHF
38,155	6	63	48,347	7	69	58,883	8	72	67,855
CVA / Stroke			Non-infect. respir	atory		Debility NOS			Debility NC
35,028	6	41		6	74	47,406	7	65	56,458
Non-infect. respira	atory		Debility NOS			Non-infect. respira	atory		Non-infect
34,850	6	67	39,440	6	59	45,772	6	80	51,157
Colo-rectal CA	61		CVA / Stroke			CVA / Stroke			CVA / Stro
30,761	5	50	39,053	6	43	42,951	6	55	45,777
Debility NOS			Other heart disea	se		Other heart diseas	se		Other hear
29,728	5	56	33,932	5	65	39,706	5	72	44,756
Other heart diseas	se		Colo-rectal CA			Alzheimers			Alzheimers
29,053	5	60	31,455	5	54	36,215	5	93	42,741
Alzheimers			Alzheimers			Colo-rectal CA			Failure to t
25,222	4	73	30,212	5	84	.31,895	4	55	35,419
Prostate CA			Blood/lymph CA			Failure to thrive			Colo-rectal
19,963	3	52	20,869	3	37	28,010	4	70	31,450
Blood/lymph CA			Failure to thrive			Blood/lymph CA			Blood/lym _l
19,876	3	36	20,370	3	63	21,381	3	41	22,362
Breast CA			Prostate CA			Prostate CA			Chronic kie
18,460	3	56	20,172	3	54	20,116	3	55	20,866
Pancreatic CA			Breast CA			Breast CA			Prostate C/
16,372	3	38	19,044	3	59	19,436	3	60	20,610
Chronic kidney di	S.		Chronic kidney d	is.		Chronic kidney di	s.		Breast CA
15,582	3	23	17,804	3	24	19,254	3	28	20,189
Parkinsons			Pancreatic CA			Pancreatic CA			Pancreatic
11,411	2	73	17,278	3	39	17,962	2	43	18,711
Liver CA			Parkinsons			Parkinsons			Parkinsons
10,838	2	36	13,303	2	87	15,635	2	87	17,345
Failure to thrive			Liver CA			Liver CA			Pneumonia
10,719	2	50	11,518	2	42	11,839	2	38	13,355
Pneumonias			Pneumonias			Pneumonias			Liver CA
9,021	2	37	10,458	2	37	11,763	2	39	12,347
Brain CA			Chronic liver dise	ase		Chronic liver disea	ise		Chronic live
7,322	1	47	7,769	1	45	8,426	1	43	9,289
Ovarian CA			Ovarian CA			Brain CA			Bladder CA
7,317	1	46	7,568	1	47	7,786	1	48	8,257
All Other		٠	All Other			All Other	*		All Other

SUPPLE	EMENTAL-	# 1
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101,951	17	50	101,458	15	55	100,058	14	60	May 30, 2014 3:15pm
594,384	100	51	661,533	101	56	729,044	100	63	797,117

331.	Colo-rectal CA =
188	CVA/Stroke =
200-208	Debility NOS =
191	Failure to thrive = Failure to thrive - adult =
174-175	Liver CA =
428	Lung CA=
585-587	Non-Alzheim dementia = Non-Alzheimers dementia
571-573	Non-infect. respiratory = Non-infectious respiratory diseases =
	Other heart disease =

r accident specified al

Source: Health Care Information Systems (Ho

May 30, 2014 3:15pm

			2005	18	1	2006			2006	2005
			Diagnosis			Diagnosis				
9	%of Ttl Pts Av	g LOS	# of Patien % o	f Ttl Pt: Avg l	LOS	# of Patien % of	Ttl Pt: Ave	g LOS AV	G LOS	AVG LOS
			Lung CA			Non-Alzheim de	mentia			
	11	46	90,217	10	45	94,670	10	89	89	86
r	n dementia		Non-Alzheim d	ementia 🗎		Lung CA .				
	9	82	81,734	9	86	92,215	10	¸46	46	45
			CHF			CHF		,		
	9	73	76,289	9	73	83,107	9	83	83	73
)5	S		Debility NOS			Debility NOS				
	7	70	66,055	8	73	77,923	8	77	77	73
	respiratory		Non-infect. res	piratory		Non-infect. resp	iratory			
	6	82	57,836	7	83	62,793	7	86	86	83
k	e		Other heart dis	sease		Other heart dise	ease			
	6	53	50,297	6	82	55,048	6	85	85	82
't	disease		CVA / Stroke			Alzheimers				
	6	78	49,423	6	- 53	54,361	6	110	110	99
1			Alzheimers			CVA / Stroke				
	5	96	48,980	6	99	52,840	6	61	61	53
h	rive		Failure to thriv	е		Failure to thrive				
	4	76	43,491	5	78	51,941	6	81	81	78
(CA		Colo-rectal CA			Colo-rectal CA				
	4	54	31,955	4	54	32,411	3	56	56	54
c	h CA		Blood/lymph C	Α		Chronic kidney	dis.			
	3 🕶	40	23,495	3	39	24,711	3	28	28	25
d	ney dis.		Chronic kidney	/ dis.		Blood/lymph CA				
	3	32	22,738	3	25		3	42	42	39
4			Prostate CA			Parkinsons				
	3	57	20,956	2	60	21,677	2	111	111	95
			Breast CA			Breast CA				
	3	60	20,715	2	58	21,379	2	61	61	58
C	CA		Parkinsons			Prostate CA				
	2	39	19,794	2	95	21,343	2	58	58	60
			Pancreatic CA			Pancreatic CA				
	2	94	19,709	2	40	20,484	2	39	39	40
as.	i .		Pneumonias			Pneumonias				
	2	42	15,281	2	43	17,484	2	41	41	43
			Liver CA			Liver CA				
	2	38	13,049	1	37	13,178	1	38	38	37
31	r disease		Chronic liver di	sease		Chronic liver dise	ease			
	1	45	9,925	1	43	10,416	1	48	48	43
9.			Bladder CA			Bladder CA				
	1	41	8,728	1	39	8,956 .	1	41	41	39
	•		All Other			All Other			E	

May 30, 2014 3:15pm	78	10	98,392	67	12	100,582	64	13
	73 ·	100	939,331	67	101	871,249	65	102

153-154 430-434,436-438 799.3 783.7 155-156 162-165 290,294,331 except 331.0 490-496 390-398,402-404,410-417,420-427,429

Ovarian CA =

Pancreatic CA =

 ${\sf Parkinsons} = {\sf Parkinsons} \ {\sf and} \ {\sf other} \ {\sf degenerative} \ {\sf diseas} \epsilon$

Pneumonias = Pneumonias and other infectious lung dis

Prostate CA =

Stomach CA =

CIS) datasets

SUPPLEMENTAL- # 1 May 30, 2014 3:15pm

All Other

	2004	2003	2002	2001	2000	1999	199	ිව්007 Diagnosis		
AVG	S LOS	AVG LOS	Change in	# of Patien % of T	tl Pt:					
									Non-Alzheim den	nenti
	82	81	. 69	63	57	56	5 5	7 56%	104,349	10
									Lung CA	
	46	48	45	43	42	43	4	3 7%	93,850	9
						2			Debility NOS	
	73	72	. 64	58	54	52	. 5	2 60%	·	9
		•							CHF	
	70	65	5 59	56	51	50) 5	1 51%		9
									Non-infect. respi	rator
	82	80	74	67	63	62	. 6	3 37%	,	7
									Failure to thrive	
	78	72	65	60	55	57	5	7 49%		6
									Other heart disea	
	96	93	84	73	- 66	65	6	7 64%		6
				4.4	27	2.0		c con/	Alzheimers	_
	53	55	43	41	37	36) 3	6 69%		6
	7.0	7.0		F0	/-	/ -		C20/	CVA / Stroke	_
	76	70	63	50	n/a	n/a	n/a	62%	· ·	6
	г а		- Γ4	F.0.	40	3 40	. 4	0 140/	Colo-rectal CA	3
	54	55	54	50	49	49) 4	9 14%	·	
	22	20	2.4	22	22	22		3 22%	Chronic kidney d 25,890	3
	32	28	3 24	23	22	23)	3 22%	Blood/lymph CA	5
	40	41	. 37	36	36	37	, 2	7 14%		3
	40	41	. 37	30	30	37		, 14/0	Parkinsons	J
	94	87	87	73	- 68	66	5 6	7 66%		2
	74	07	07	7.5	00	00	, 0	, 00%	Prostate CA	-
	60	60	59	56	55	55	5 5	6 9%		2
	00	00	, 33	50	33	30	, ,	3,0	Breast CA	_
	57	55	5 54	52	52	53	3 5	3 9%		2
	٠.			-			_		Pancreatic CA	
	39	43	39	38	38	39) 4	0 -3%		2
									Pneumonias	
	42	39	37	37	36	37	n/a	11%		2
									Liver CA	
	38	38	42	36	35	35	3	5 9%	13,558	1
									Chronic liver dise	ase
	45	43	45	n/a	n/a	n/a =	n/a	7%	11,081	1
									Bladder CA	
	41	n/a	n/a	n/a	36	37	7 3	7 11%	9,505	1

96,031 **May 30, 2014** 3:15pm

996,453

100

183 157 332-335 480-488,510-519

eases =

May 30, 2014 3:15pm

		- 2008			2009			34		
		Diagnosis			Diagnosis					
Δισ	LOS	# of Patien % of	Ttl Ptι Δι/σ	LOS	# of Patien %ofTtl Pts* Avg LOS					
,,,,,	100	7 OT 1 delett 70 OT					<i>a</i>			
а		Non-Alzheim de	mentia -		Debility NOS					
G	91		11	89	120,631	11		83		
	71	Debility NOS		03	Non-Alzheim de					
	46	·	10	83	119,872	11		92		
	40	Lung CA	10	00	Lung CA			-		
	82		9	45	_	9		45		
	02	CHF	,		CHF			, -		
	78		8	75	90,488	8		73		
У	, 0	Non-infect. resp	=	, ,	Non-infect. res					
у	85		7	` 86	75,450	7		85		
	05	Failure to thrive		00	Failure to thrive					
	83		6	82		6		84		
	05	Other heart dise	_	02	Other heart dis	-		٠.		
	83	61,455	6	82		6		80		
	0.5	Alzheimers	O	02.	Alzheimers	Ü		00		
	107	60,488	6	105	61,146	6		106		
	107	CVA / Stroke	O	100	CVA / Stroke	Ü		100		
	56	·	5	53	58,323	5		51		
	50	Colo-rectal CA	5	J J	Colo-rectal CA	3		31		
	53	33,185	3	55	32,989	3		53		
	33	Chronic kidney		55	Chronic kidney			33		
	30	26,342	3	28	•	3		27		
	50	Blood/lymph CA		20	Blood/lymph C			_,		
	42		2	41		2		40		
	42	Parkinsons	2	41	Parkinsons	-		10		
	106		2	104	25,376	2		105		
	100	Pneumonias	_		Pneumonias	_		200		
	62		2	36		2		33		
	0 42	Breast CA	_	00	Breast CA	_				
	62	22,535	2	58		2		,29		
	02	Pancreatic CA	_		Pancreatic CA					
	39	21,944	2	38		2		37		
	33	Prostate CA	_		Prostate CA	_				
	40		2	60		2		59		
	10	Liver CA	_		Liver CA	_				
	39		1	37		1		37		
	33	Chronic liver dis	_	0,	Chronic liver di					
ser	45	11,814	1	44		1		44		
		Bladder CA	-		Bladder CA					
	41		1	41		1		42		
98	71	All Other	<u></u>	-1-	All Other	,				
		/ iii Other			, • (110)					

89 92,782 9 75 91,461 8 74 **May 30, 2014** 3:15pm 72 1,050,705 100 71 1,090,976 98 71

Table 1. Top 20 Hospice Terminal Diagnoses by Number of Patients, 1999 to 2003 Calendar Year Data 3:15pm

										3.13
		1998	1998	1998	1999	1999	1999	2000	2000	2000
				Diagnosis		Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis
Rank										Average LC
				Lung						Lung
	1			43						- 42
										Congestive
	2		7							
			Colo-recta	Colo-rectal			Colo-rectal	CVA /	CVA /	CVA /
	3					6				
				Non-infect	Non-infect	Non-infect	Non-infect	Colo-rectal	Colo-recta	Colo-rectal
	4			63		6				49
		,						Non-infect	Non-infect	Non-infect
	5									
		,					NonAlzheir	NonAlzheii	NonAlzhei	NonAlzheii
	6	18,885								
				Other hear	Other hear	Other hear	Other hear	Other hear	Other hear	Other hear
	7.						57			
		,		Blood/ lym	•		Prostate	Debility	Debility	Debility
	8			37						
		,		Breast						Alzheimers
	9	16,220		56		4				
	J			NonAlzheiı	•					Prostate
	10			57						
										Blood/ lym
	11									
				Alzheimers	•					Breast
	12		3				39			55
		•			,					Pancreatic
	13	10,066								
Table 1		,			,		er of Patien	ts, 1999 to	2003 Caler	dar Year Da
	(,			0	•		ŕ		
		1998	1998	1998	1999	1999	1999	2000	2000	2000
3		Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis
Rank		_								Average LC
				_						Chronic kic
	14	9,610	2	35	11,947	3	23	14,011	3	22
				Debility				Liver	Liver	Liver
	15	8,534		51			35			35
15				Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons
50	16				7,896					
		-		Brain				Pneumoni	Pneumoni	Pneumonia
	17	6,313			6,837			7,798		
		•		Bladder				_		Brain
	18				6,551					46
				Ovarian			Pneumoni	Ovarian	Ovarian	Ovarian

						114				BAAL 20 '204
	19	5,824	1	47	6,475	;	1 🛂 37	6,843	1	May 30, 2014 3:15pm
	•	Stomach	Stomach	Stomach	Bladder	Bladder	Bladder	Bladder	Bladder	Bladder
$ \hat{z}\rangle$	20	5,671	1	41	6,254	00	1 37	6,732	1	36
					All Other					
		100,058	14		87,987	19	9 69	96,045	18	49
Nat'l T	tls	420,761		48	474,189	99	9 48	534,213	100	48
* Perce	enta,	ges may no	t sum to 10	0 due to ro	unding.					

Key, in alphabetical order, with associated ICD-9-CM codes:

Alzheimers disease =	331	Failure to thrive = Failure to thrive
Bladder CA =	188	Liver CA =
Blood/lymph CA = Blood and lymphatic cancers =	200-208	Lung & other chest cavity cancer
Brain CA =	191	NonAlzheim dementia = Non-Alzł
Breast CA =	174-175	Non-infectious respiratory =
Congestive heart failure =	428	Other heart disease =
Chronic kidney disease =	585-587	Ovarian CA =
Chronic liver disease =	571-573	Pancreatic CA =
Colo-rectal CA =	153-154	Parkinsons = Parkinsons and othe
CVA/Stroke =	430-434,436-438	Pneumonia = Pneumonias and ot
Debility NOS =	799.3	Prostate CA =
	2	Stomach CA =

2001. 2001	2001	2002 2002 2	002 2003	2003	2003	
		osis Diagnosis Diagno				
		atien % of Total Averag				
Lung Lung			Lung		Lung	
0		.,080 12	•	J	•	
		estive Congestive Conges				tia
						tiu
44,846		,				di.
*		Izheii NonAlzheii NonAlz	•			iiu
,		3,347 7	69 58,883			
		nfect Non-infect Non-in				
,		0,610 6				:
		ity Debility Debilit				ıra
•		9,440 6		6		
		CVA / CVA /				S
,		0,053 6	43 42,951			
-		hear Other hear Other				
,		3,932 5	65 39,706			
Other hear Other hea		rectal Colo-rectal Colo-re				
,		•	54 -36,215			
Alzheimerš Alzheimer	rs Alzheimers Alzhe	imers Alzheimers Alzheir	ners Colo-recta	Colo-recta	l Colo-rectal	C/
,),212 5				
Prostate Prostate	Prostate Blood	l / Iyn Blood / Iyn Blood ,	' lyn Failure to	Failure to	Failure to thrive	
19,963	52 20),869 3	37 28,010	4	70	
Blood/lymBlood/lyr	n Blood/ lym Failur	e to Failure to Failure	to Blood/lyn	Blood/ lym	Blood/ lymph CA	
19,876	36 20),370 3	63 21,381	3	41	
Breast Breast	Breast Prost	ate Prostate Prosta	e Prostate	Prostate	Prostate (CA
18,460	3 56 20),172 3	54 20,116	3	55	
Pancreatic Pancreation	c Pancreatic Breas	t Breast Breast	Breast	Breast	Breast	CF
16,372	38 19	9,044 3	59 19,436	3	60	
ıta						
				2		
2001 2001	2001	2002 2002 2	002 2003	2003	2003	
		osis Diagnosis Diagno	sis Diagnosis	Diagnosis	Diagnosis	
0	_	atien % of Total Averag				
		nic kic Chronic kic Chroni				asŧ
		7,804 3	24 19,254		1	
· ·		reatic Pancreatic Pancre				
		7,278 3	39 17,962			
Liver Liver		nsons Parkinsons Parkin				
		3,303 2	87 15,635			
Failure to Failure to		,	Liver	Liver	Liver	C.
		1,518 2	42 11,839			Ů,
/		r,518				
PheumoniaPheumon	a rneumona rneu	moniceneumoniceneum	one rileumon.	r neumom	CETTEUTHOTHA	
0.024) 27 4/	1/50 2	27 11 763	า	30	
5,022		0,458 2 nic liv Chronic liv Chroni	37 11,763			^

7,322	1	47	7,769	1	45	8,426	1	43	May 30, 2014
Ovarian	Ovarian	Ovarian	Ovarian	Ovarian	Ovarian	Brain	Brain	Brain	3:15pm
7,317	1	46	7,568	1	47	· 7,786	1	48	
All Other .	All Other	All'Other	All Other	All Other					
101,951	17	50	101,458	15	56	100,058	14	60	
594,384.	100	51	661,533	101	55	729,044	100	63	

Abbreviations

CVA = Cerebrovascular accident

e - adult = 783.7

LOS = length of stay

NOS = Not otherwise specified

155-156

156 CA = cancer

Nat'l Ttls = National totals

162-165

neimers dei 290,294,331 except 331.0

490-496

390-398,402-404,410-417,420-427,429

183

157

ır degenera 332-335

her infectic 480-488,510-519

185

151

Source: Health Care Information System (HCIS) Data

May 30, 2014 3:15pm

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Table 1. Top 20 Hospice Terminal Diagnoses By Number of Patients

May 30, 2014 3:15pm

000	19	999		20	000		20	001		20	02		20	003		20	004		20
	Diag	nosis		Diag	nosis		Diag	nosis		Diag	nosis		Diag	nosis		Diag	nosis		Diag
A a n k	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg ĻOS	**************************************	%of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients
	Lur	ig CA		Lun	g CA		Lun	g CA		Lun	g CA		Lun	g CA		Lun	g CA	pri si s	Lun
1	71,804	15	43	75,602	14	42	77,909	13	43	81,080	12	45	83,631	11	48	86,506	11	46	90,217
	C	HF		С	HF		С	HF	40	С	HF	1	Non-Alzhe	im der	nentia	Non-Alzhe	im den	nentia	Non-Alzhei
2	33,897	7	52	39,414	7	54	44,846	8	58	50,793	8	64	60,919	8	81	71,171	9	82	81,734
palli)	Colo-r	ectal C	A	CVA	Strok	а	Non-Alzhe	im den	nentia	Non-Alzhei	m der	nentia	C	HF		C	HF		C
3	29,080	6	49	30,685	6	37	38,155	6	63	48,347	7	69	58,883	8	72	67,855	9	73	76,289
	Non-infect	. respi	ratory	Colo-re	ectal C	A	CVA	/ Strok	е	Non-infect	respi	ratory	Debili	ty NO:	S	Debili	ty NOS	3	Debilit
4	26,455	6	62	30,100	6	49	35,028	6	41	39,610	6	74	47,406	7	65	56,458	7	70	66,055
5	CVA 25,829	/ Strok	(e 36	Non-infect 29,984	respi	ratory 63	Non-infect 34,850	respi	ratory 67	Debili 39,440	y NO	S 59	Non-intect 45,772	respi	ratory 80	Non-infect 51,157	respi	ratory 82	Non-infect. 57,836
	Non-Alzhe	im der	nentia	Non-Alzhei	im der	nentia	Colo-re	ectal C	A	CVA	Strok	(e	CVA	/ Strok	ce.	CVA	/ Strok	e	Other hea
6	21,701	5	56	29,309	5	57	30,761	5	50	39,053	6	43	42,951	6	55	45,777	6	53	50,297
풺	Other he	art dis	ease	Other hea	art dis	ease	Debili	ty NO	3	Other her	art dis	ease	Other he	art dis	ease	Other he	art dis	ease	CVA
7	20,827	4	57	25,164	5	55	29,728	5	56	33,932	5	65	39,706	5	72	44,756	6	78	49,423
	Pros	tate C	4	Debili	ty NO:	S	Other he	art dis	ease	Colo-re	ectal C	CA	Alzh	eimers	S	Alzh	eimers		Alzhe
8	19,271	4	53	21,883	4	51	29,053	5	60	31,455	5	54	36,215	5	93	42,741	5	96	48,980
ma.	Blood/l	ymph	CA	Alzh	elmers		Alzh	eimers		Alzh	eimers	3	Colo-r	ectal C	A	Failure	to thri	ve	Fallure
9	17,896	4	37	20,633	4	66	25,222	4	73	30,212	5	84	31,895	4	55	35,419	4	76	43,491
	Brea	ast CA		Prost	ate C/	4	Prost	ate C/	4	Blood/l	ymph	CA	Failure	to thr	ive	Colo-r	ectal C	CA	Colo-re
10	17,185	4	55	19,705	4	52	19,963	3	52	20,869	3	37	28,010	4	70	31,450	4	54	31,955
	Alzh	eimers	3	Blood/l	ymph	CA	Blood/l	ymph	CA.	Failure	to thr	ive	Blood/l	ymph	CA	Blood/I	ymph	CA	Blood/ly
11	16,006	3	65	19,185	4	36	19,876	3	36	20,370	3	63	21,381	3	41	22,362	3	40	23,495
		eatic (CA	Brea	ast CA		Brea	ast CA		Prost	ate C	A	Pros	tate C	A	Chronic	kidney	dis.	Chronic I
12	15,211	3	39	18,006	3	55	18,460	3	56	20,172	3	54	20,116	3	55	20,866	3	32	22,738
	CONTRACTOR DISCOURTS OF	ity NO	1000	Pancre	eatic C	A	1000 TECHNOLOGY	eatic C	A	Bree	ast CA		Brea	ast CA	v. H	Pros	tate C	A	Prost
13	14,849	3	50	15,764	3	38	16,372	3	38	19,044	3	59	19,436	3	60	20,610	3	57	20,956
	Chronic	-		Chronic			Chronic	-		Chronic			Chronic	13,77.4			ast CA		Brea
14	11,947	3	23	14,011	3	22	15,582	3	23	17,804	3	24	19,254	3	28	20,189	3	60	20,715
	Commence of the state of the st	er CA			er CA			insons	ACT TO SERVICE	Pancr	F1 (2000) 750 75	No.		eatic (_	The second second	eatic (-	Parki
15	10,231	2	35	10,647	2	35	11,411	2	73	17,278	3	39	17,962	2	43	18,711	2	39	19,794

Source: Health Care Information Systems (HCIS) datasets

Table 1. Top 20 Hospice Terminal Diagnoses By Number of Patients

May 30, 2014 3:15pm

	19	999		20	000		20	01		20	02		20	003		20	004	Wards	20
	Diag	nosis		Diag	nosis	(a.a.	Diag	nosis	illand.	Diag	nosis		Diag	nosis		Dlag	nosis		Diag
R a n k	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients	%of Tti Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS	# of Patients
	Park	insons		Parki	insons		Live	r CA		Parki	nsons		Parki	insons		Park	insons		Pancre
16	7,896	2	66	9,572	2	68	10,838	2	36	13,303	2	87	15,635	2	87	17,345	2	94	19,709
	THE PERSON NAMED IN COLUMN	in CA		THE RESERVE OF THE PERSON NAMED IN	monia	All Constants	Failure	to thri	,	A	r CA	e i night	Live	er CA		Pneu	monia	100	Pneur
17	6,837	1	48	7,798	1	36	10,719	2	50	11,518	2	42	11,839	2	38	13,355	2	42	15,281
	Ovar	ian CA	١	Brai	in CA		Pneui	nonia	3	Pneu	monia	3	Pneui	monia	S	Live	er CA		Live
18	6,551	1	48	7,131	1	46	9,021	2	37	10,458	2	37	11,763	2	39	12,347	2	38	13,049
	Pneu	monia	S	Ovar	ian CA	No.	Bra	n CA	1081	Chronic li	ver dis	ease	Chronic In	ver dis	ease	Chronic li	ver dis	ease	Chronic liv
19	6,475	1	37	6,843	1	45	7,322	1	47	7,769	1	45	8,426	1	43	9,289	1	45	9,925
	Blad	der CA	1	Blade	der CA	1	Ovar	an CA		Ovar	ian CA	`	Brai	in CA		Blad	der CA		Blado
20	6,254	1	37	6,732	1	36	7,317	1	46	7,568	1	47	7,786	1	48	8,257	11	41	8,728
	All	Other		All	Other		All	Other	W.	All	Other		All	Other	Jakalla	All	Other		All (
	87,987	19	48	96,045	18	49	101,951	17	50	101,458	15	55	100,058	14	60	100,496	13	64	100,582
Nat'	27												-						
Ttl	474,189	99	48	534,213	100	48	594,384	100	51	661,533	101	56	729,044	100	63	797,117	102	65	871,249

^{*} Percentages may not sum to 100 due to rounding.

Key, in alphabetical order, with associated ICD-9-CM codes:

Alzheimers = Alzheimer's disease =	331.0	Colo-rectal CA =	153-154
Bladder CA =	188	CVA/Stroke =	430-434,436-438
Blood/lymph CA = Blood and lymphatic cancers =	200-208	Debility NOS =	799.3
Brain CA =	191	Failure to thrive = Failure to thrive - adult =	784
Breast CA =	174-175	Liver CA =	155-156
CHF =	428	Lung CA=	162-165
Chronic kidney disease =	585-587	Non-Alzheim dementia = Non-Alzheimers dementia	290,294,331 except 33
Chronic liver disease =	571-573	Non-infect. respiratory = Non-infectious respiratory diseases =	490-496
		Other heart disease =	390-398,402-404,410-4

Abbreviations

CA = cancer Nat'l Ttl = National total

CHF ≈ Congestive heart failure



05	7	20	006		20	07		20	80		20	09	0
nosis		Diag	nosis		Diag	nosis		Diagr	osis	757 b	Diagr	210000	
% of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS									
CA	2.14	Non-Alzhei	m den	nentia	Non-Aizhe	m den	nentia	Non-Alzheir	n dem	entia	Debilit	v NOS	aval.
10	45	94,670	10	89	104,349	10	91	113,204	11	89	120,631	11	83
n den			g CA			g CA		Debilit	y NOS		Non-Alzheir	n dem	entia
9 .	86	92,215	10	46	93,850	9	46	106,806	10	83	119,872	11	92
ΗF.			HF		Debili	y NOS	3	Lung	CA		Lunç	CA	129523
9	73	83,107	9	83	92,605	9	82	95,417	9	45	97,036	9	45
y NOS			y NOS	3		HF		CH	1F	-	CH	∤F	
8	73	77,923	8	77	85,820	9	78	89,068	8	75	90,488	8	73
respir	atory	Non-infect	respir	atory	Non-infect	respi	ratory	Non-infect.	respira	atory	Non-infect.	respira	atory
7	83	62,793	7	86	66,975	7	85	72,699	7	86	75,450	7	85
rt dise	ase	Other hea	art dise	ase	Failure	to thri	ve	Failure	to thriv	е	Failure	to thriv	e
6	82	55,048	6	85	59,958	6	83	67,790	6	82	70,337	6	84
Stroke	9	Alzhe	eimers		Other her	art dise	ease	Other hea	rt dise	ase	Other hea	rt dise	ase
6	53	54,361	6	110	58,490	6	83	61,455	6	82	64,482	6	80
imers		CVA	Strok	е	Alzhe	eimers	-	Alzhe	imers	-	Alzhe	imers	L
6	99	52,840	6	61	57,946	6	107	60,488	6	105	61,146	6	106
to thriv	/e	Failure	to thri	/e	CVA	Strok	е	CVA/	Stroke		CVA /	Stroke	18600
5	78	51,941	6	81	54,933	6	56	56,986	5	53	58,323	5	51
ctal C	A	Colo-re	ectal C	A	Colo-re	ectal C	A	Colo-re	ctal C/	1	Colo-re	ctal C	Δ
4	54	32,411	3	56	32,693	3	53	33,185	3	55	32,989	3	53
mph C	A	Chronic	kidney	dis.	Chronic	kidnev	dis.	Chronic I	idnev	dis.	Chronic l	idnev	dis
3	39	24,711	3	28	25,890	3	30	26,342	3	28	27,618	3	27
idney	dis.	Blood/ly	mph (CA	Blood/l	/mph (CA	Blood/ly	mph C	A	Blood/ly	mph C	:A
3	25	24,002	3	42	25,020	3	42	25,593	2	41	26,528	2	40
ite CA		Park	nsons		Park	insons	Spring.	Parki	nsons		Parki	nsons	
2	60	21,677	2	111	23,126	2	106	24,289	2	104	25,376	2	105
st CA		Brea	st CA		Prost	ate C/	1	Pneur	nonias		Pneur	nonias	HARRIST
2	58	21,379	2	61	21,936	2	62	22,679	2	36	24,345	2	33
nsons	11,-2	Prost	ate CA	V-1	Brea	st CA		Brea	st CA		Brea	st CA	DIESE.
2	95	21,343	2	58	21,763	2	62	22,535	2	58	23,050	2	59

May 30, 2014 3:15pm

05	NA SA	20	006		20	07	0 000	200	80	ALC: N	200	09	No.
nosis		Diag	nosis	1 10	Diag	nosis		Diagn	osis	0.00	Diagn	osis	
% of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS									
atic C	Α	Pancre	eatic C	Α	Pancre	eatic C	А	Pancrea	atic CA		Pancrea	atic CA	1
2	40	20,484	2	39	21,076	2	39	21,944	2	38	22,472	2	37
nonias		Pneui	monias	166	Pneu	monias	3	Prosta	te CA		Prosta	te CA	ZHI
2	43	17,484	2	41	19,848	2	40	21,632	2	60	21,893	2	59
r CA		Live	er CA		Live	er CA		Liver	CA		Liver	CA	
1	37	13,178	1	38	13,558	1	39	14,104	1	37	14,551	1	37
er dis	ease	Chronic li	ver dis	ease	Chronic li	ver dis	ease	Chronic liv	er dise	ase	Chronic live	er dise	ase
1	43	10,416	1	48	11,081	1	45	11,814	1	44	12,635	1	44
er CA		Blade	der CA		Blade	der CA		Bladd	er CA		Bladd	er CA	
1	39	8,956	1	41	9,505	1	41	9,893	1	41	10,293	1	42
)ther		All	Other		All	Other	WE L	All C	ther	No.	All C	ther	Tuli est
12	67	98,392	10	78	96,031	10	89	92,782	9	75	91,461	8	74
101	67	939,331	100	73	996,453	100	72	1,050,705	100	71	1,090,976	98	71

Ovarian CA = 183
Pancreatic CA = 157
Parkinsons = Parkinsons and other degenerative diseases = 332-335
Pneumonias = Pneumonias and other infectious lung diseases = 480-488,510-519
Prostate CA = 185
Stomach CA = 151

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17,420-427,429

May 30, 2014 ₹ 5 8 3:15pm

																																								N	łа	ıy
2003	Diagnosis		Average LOS	Lung	CA	48	NonAlzheim	dementia	8	Congestive	heart failure	72	Debility	SON	85	Non-infectious	respiratory	80	CVA /	Stroke	55	Other heart	disease	72	Alzheimers	dísease	93	Colo-rectal	CA	55	Failure to	thrive	70	Blood/ lymph	CA	41	Prostate	CA	55		CA	90
2003	Diagnosis	% of Total	Patients*	Lung	CA	-	NonAlzheim	dementia	8	Congestive	heart failure	80	Debility	SON	7	Non-infectious N	respiratory	9	CVA /	Stroke	9	Other heart	disease	S	Alzheimers	disease	Ċ.	Colo-rectal	CA	4	Failure to	thrive	4	Blood/ lymph	CA	က	Prostate	8	8	Breast	CA	ო
2003	Diagnosis	# of	Patients	Lung	CA	83,631	NonAlzheim	dementia	60,919	Congestive	heart failure	58,883	Debility	SON	47,406	Non-infectious N	respiratory	45,772	CVA/	Stroke	42,951	Other heart	disease	39,706	Alzheimers	disease	36,215	Colo-rectal	CA	31,895	Failure to	thrive	S		CA	21,381	Prostate	8	20,116	Breast	CA	19,436
2002	Diagnosis		Average LOS.	Lung	CA	45	Congestive	heart failure	9 9	NonAlzheim	dementia	69	Non-Infectious	respiratory	74	Debility N	NOS	59	CVA //	Stroke	43	Other heart	disease	65	Colo-rectal	CA	54	Alzheimers	disease	84	Biood / lymph	8	37	Failure to	thrive	63	Prostate	S	54	Breast	CA	29
2002	Diagnosis	% of Total	Patients*	Lung	CA	12	Congestive	heart failure	60	NonAlzheim	dementia	7	Non-infectious 1	respiratory	9	Debility	SON	9	CVA/	Stroke	9	Other heart	disease	Ŋ	Colo-rectal	ð	ū	Alzheimers	disease	2	Blood / lymph	ð	က	Failure to	thrive	89	Prostate	Z	e	Breast	CA	05
2002	Diagnosis		# of Patients	Lung	S	81,080	Congestive	heart failure	50,793	NonAlzheim	dementia	48,347	Non-infectious N	respiratory	39,610	Debility	SON	39,440	CVA /	Stroke	39,053	Other heart	disease	33,932	Colo-rectal	క	31,455	Alzheimers	disease	30,212	Blood / lymph E	cA CA	20,869	Failure to	thrive	20,370	Prostate	S,	20,172	Breast	CA	19 044
2001	Diagnosis		Average LOS	Lung	S	43	Congestive	heart failure	28	NonAlzheim	dementia	63	CVA./	Stroke	4	Non-infectious	respiratory	67	Colo-rectal	8	20	Debility	SON	56	Other heart	disease	09	Alzheimers	disease	73	Prostate	క	52	Blood/ lymph	CA	36	Breast	5	99	Pancreatic	CA	c,
L002	Diagnosis	% of Total	Patients*	Lung	CA	13	Congestive	heart failure	80	NonAlzheim	dementia	Θ	CVA /	Stroke	ø	Non-infectious		မ	Colo-reotal	CA	ιρ	Debility	SON	ເດ	Other heart	disease	10	Alzheimers	disease	4	Prostate	SA	m	Blood/ lymph	S	ത	Breast	S.	60	Pancreatic	CA	C
2007	Diagnosis		# of Patients	Lung	CA	606,77	Congestive	heart failure	44,846	NonAlzheim	dementia	38,155	CVA.	Stroke	35,028	Į.		34.850	Colo-rectal	CA	30,761	Debility	NOS	29,728	Other heart	disease	29,053	Alzheimers	disease	25,222	Prostate	CA	19,963	Blood/ lymph	CA	19,876	Breast	CA	18,460	Pancreatic	CA	16 970
2000	Diagnosis		Average LOS	Bun"	CA	42	Concestive	heart failure	55	CVA/	Stroke	37	Colo-rectal	Y)	49	1		63	NonAlzheim	dementia	57	Other heart	disease	55	Debility	SON	19	Alzheimers	disease	99	Prostate	8	22	Blood/ lymph	CA	36	Breast	æ	22	Pancreatic	CA	00
2000	Diagnosis	% of Total	Patients*	Lung	CA	14	Conqestive	heart failure	7	CVA/	Stroke	9	Colo-rectal	S	9	8		9	NonAlzheim	dementia	LO L	Other heart	disease	5	Debility	SON	4	Alzheimers	disease	4	Prostate	CA	4	Blood/ lymph	CA	4	Breast	CA	က	Pancreatic	CA	c
2000	Diagnosis		# of Patients	Lung	CA	75,602	Congestive	heart failure	39,414	CVA /	Stroke	30.685	Colo-rectal	CA	30 100	1		29.984	NonAlzheim	dementia	29.309	Other heart	disease	25.164	Debility	NOS	21,883	Alzheimers	disease	20,633	Prostate	S	19.705	Blood/ lymph	CA	19,185	Breast	8	18.006	Pancreatic	CA	100
566	Sis		g	bun	S, S	43	tive	nre	52	<u>7</u>	S	0.	SHO	VIO	69			36	eim	ntia	26	מים מים	ase	57	ate	S	53	han	CA	37	ast	CA	55	ers	ase	65	atic	S	33	ility	SO	C

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						M	ay	30,	201	4
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Diagnosis Diagnosis % of Total % of Patients Patients*							このことのできたいのですりとなった。			
% of Total Patients*	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis
Patients*	•)	% of Total			% of Total		# of	% of Total	
	Average LOS	# of Patients	· Patients*	Average LOS	# of Patients	Patients*	Average LOS	Patients	Patients*	Average LOS
Chronic kidney (W	Chronic kidney	Chronic kidney	Chronic kidney Chronic kidney	Chronic kidney				
			disease	disease	disease	disease	disease	disease	disease	disease
m	22	15,582	က	23	17,804	က	24	19,254	က	28
liver	Liver				Pancreatic	Pancreatic	Pancreatic	Pancreatic	Pancreatic	Pancreatic
5	క	Parkinsons	Parkinsons	Parkinsons	ð	5	8	CA	3	ð
Q	35	11,411	a	73	17,278	3	39	17,962	α	43
	:	Liver	Liver	Liver	17.7.7.00	odonivad	Darkingong	Parkinsons	Parkinsons	Parkinsons
Parkinsons	Parkinsons	5	5 (5 0	10 202		2000	15 635	0	87
C)	89	958'0L	Z cariffed	So Soling to	COC,CI	1 war	Iwar	Iver	Liver	Лу
		railure to	railure to	Laille in	ביים	1	įį	5	٥	Z.
Pneumonia	Pneumonia	thrive	thrive	thrive	5	3	5	5	5	5
	36	10,719	2	20	11,518	2	42	11,839	2	38
Brain	Brain								0	oino mino and
CA	CA	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pheumonia	Frieding	Пешнония
-	46	9,021	2	37	10,458	2	37	11,763	5	39
Ovarian	Ovarian	Brain	Brain	Brain	Chronic liver	Chronic liver	Chronic liver	Chronic liver	Chronic liver	Curonic liver
S	CA	F	5	85	disease	disease	disease	disease	disease	disease
•	45	7,322		74	7,769		45	8,426		43
Bladder	Radder	Ovarian	Ovarian	Ovarian	Ovarian	Ovarian	Ovarian	Brain	Brain	Brain
CA	AC	S	S	CA	CA	CA	CA	CA	CA	CA
·	98	7.317	***	46	7,568	7	47	7,786	~	48
All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other
18	49	101,951	17	20	101,458	15	99	100,058	4	90
	S	800 800	Ş	ņ	661 533	101		729,044	100	63

rminal Diagnoses by Number of Patients, 1999 to 2003 Calendar Year Data

CD-9-CM codes:		Abbreviations	CVA = Cerebrovascular accident	ident
Failure to thrive = Failure to thrive - adult =	783.7	LOS = length of stay	NOS = Not otherwise specified	jed
Liver CA =	155-156	CA = cancer	Nat'l Ttls = National totals	
Lung & other chest cavity cancer	162-165			
NonAlzheim dementia = Non-Alzheimers dementia =	290,294,331 except 331.0			
Non-infectious respiratory =	490-496			
Other heart disease =	390-398,402-404,410-417,420-427,429	427,429		
Ovarian CA =	183			
Pancreatic CA =	157			па
Parkinsons = Parkinsons and other degenerative diseases =	332-335			-
Pneumonia = Pneumonias and other infectious lung diseases =	480-488,510-519			3:
Prostate CA =	185			15
Stomach CA =	151	Source: Health Care Info	Source: Health Care Information System (HCIS) Data	iqē
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May 30, 2014 3:15pm

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2009	Diagnosis	Average	COS	Debility	SON	. 83	NonAlzheim	dementia	82	Lung	S	45	Congestive	heart tailure	73	LooN	infections	respiratory	82	Failure to	thrive	84	Other heart	disease	80	Alzheimers	disease	106	CVA/	Stroke	51	Co:o-rectal	5	23	Chromic	Klaney	disease	27	Blood/	lymph GA		40	Parkinsons	105
2009	Diagnosis	% of Total	Patients*	Debility	NOS	- 1	NonAlzheim	dementia	F	Lung	CA	0	Congestive	heart failure	8	Non-	infectious	respiratory	7	Failure to	thrive	9	Other heart	disease	9	Alzheimers	disease	9	CVA/	Stroke	2	Colo-rectal	₹ 5	ю. ;	Chronic	Kidney	disease	က	Blood/	lymph CA	y individual	N	Parkinsons	27
2009	Diagnosis	# of	Patients	Debility	NOS		NonAlzheim I	dementia	119.872	Lung	CA	92,036		heart failure	90,488	Non-	infectious	respiratory	75,450	Failure to	thrive	70,337	Other heart	disease	64,482	Alzheimers	dísease	61,146	CVA/	Stroke	58,323	Colo-rectal	5	32,989	Chronic	Kidney	disease	27,618	Riono!/	Sucon Sumph CA	CO Lidinik	26,528	Parkinsons	25,376
2008	Diagnosis	Average	SOT	NonAlzheim	dementia	88	Debility	SON	83	Lung	CA	45	Congestive	heart failure	7.5	-uoN	infectious	respiratory	86	Failure to	thrive	82	Other heart	disease	82	Alzheimers	disease	105	CVA /	Stroke	53	Colo-rectal	§	22	Chronic	kidney	disease	28	Blood/	poole Amph CA	C :	41	Parkinsons	104
2008	Diagnosis	% of Total	Patients*	NonAlzheim	dementia	=	Debility	SON	10	Lung	CA	6	Congestive	heart failure	80	Non-	infectious	respiratory	7	Failure to	thrive	9	Other heart	disease	9	Alzheimers	disease.	9	CVA/	Stroke	ស	Colo-rectal	CA	3	Chronic	kidney	disease	ന	/poolg	humph CA	לט וולוויולו	2	Parkinsons	CI.
2008	Diagnosis	# of	Patients	NonAlzheim	dementia	113,204	Debility	SON	106,806	Lung	CA	95,417	Congestive	heart failure	89,068	Non-	infectious	respiratory	72,699	Failure to	thrive	67,790	Other heart	disease	61,455	Alzheimers	disease	60,488	CVA/	Stroke	56,986	Colo-rectal	CA	33,185	Chronic	kigney	disease	26,342	/poola	hamph Co	CO lidiliki	25,593	Parkinsons	24,289
2007	Diagnosis	Average	SOT	NonAlzheim	dementia	13	Tring	8	45	Debility	SON	82	Congestive	heart failure	78	-uoN	infectious	respiratory	85	Failure to	thrive	83	Other heart	disease	83	Alzheimers	disease	107	CVA/	Stroke	56	Colo-rectal	S	53	Chronic	kidney	disease	30	20000	Blood,	Co liduiki	42	Parkinsons	106
2007	Diagnosis	% of Total	Patients*	NonAlzheim	dementia	10	Lung	CA	O	Debility	SON	တ	Congestive	heart failure	6	-LION	infectious	respiratory	7	Failure to	thrive	C)	Other heart	disease	0	Alzheimers	disease	9	CVA/	Stroke	Θ	Colo-rectal	CA	6	Chronic	kidney	disease	က	Olegali	/Blood/	ympn CA	က	Parkinsons	2
2007	Diagnosis	# of	Patients	NonAlzheim	dementia	104,349	Lung	CA	93,850	Debility	SON	92,605	Congestive	heart failure	85,820	Non-	infectious	respiratory	66,975	Failure to	thrive	59.058	Other heart	disease	58.490	Alzh		57.946	CVA/	Stroke	54,933	Colo-rectal	8	32,693	Chronic	kidney	disease	25,890	Č	/pools	ymph CA	25,020	Parkinsons	23,126
2006	Diagnosis	Average	· LOS	NonAlzheim	dementia	83	Lung	8	46	Congestive	heart failure		Debility	SON	77	-uoN	infectious	respiratory	88	Other heart	disease	85	Alzheimers	disease	110	CVA	· Stroke	16	Failure to	thrive	8	Colo-rectal	Ö	56	Chronic	kidney	disease	28		/pood/	No Hornyl	42	Parkinsons	111
2006	Diagnosis	% of Total	Patients*	NonAlzheim NonAlzheim NonAlzheim	dementia	10	Lung	S	10	Congestive	heart failure	O	Debility	SON	0	Non-	infectious	respiratory	7	Other heart	disease	ď	Alzheimers	disease	Œ	CVA/	Stroke	Ç	Failure to	thrive	9	Colo-rectal	CA	m	Chronic	kidney	disease	ന		/pool9	lymph CA	က	Parkinsons	2
2006	Diagnosis	# of	Patients	NonAlzheim	dementia	94,670	Lung	,45 C.	92,215	Congestive	heart failure	83,107	Debility	SON	77,923	Non-	infections	respiratory	62.793	Other heart	disease	מוט גד	Alzheimers	disease	54 361	CVA /	Stroke	52 R40	Failure to	thrive	51.941	Colo-rectal	8	32,411	Chronic	kidney	disease	24,711		Blood/	lymph CA	24,002	שיגאיואיאים	21,677
2005	Diagnosis	Average	SOT	Lung	8	45	NonAlzheim	dementia	88	Congestive	heart failure	73	Debility	SON	2	Non-	infectious	respiratory	. cc	Other heart	disease	Ča	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Stroke	T. C.	Alzheimers	disease	d c	Failure to	thrive	78	Colo-rectal	ð	54		Blood/	lymph CA	39	Chronic	kidney	disease	25	Prostate	90
2005	Diagnosis	% of Total	Patients*	Lund	CA	10	Alzheim NonAlzheim NonAlzheim	dementia	O,	Congestive		o	Debility	SON	æ	Non-	infectious	respiratory	7	Other heart	disease	q	A/\(\)	Stroke	ď	Alzheimere	disease	9	Taillire to	thrive	ιC	Colo-rectal	S C	4		Blood/	lymph CA	<u>ო</u>	Chronic	kidney	disease	m	Prostate	2
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May 30, 2014 3:15pm

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minal Diagnoses by Number of Patients, 2004 to 2009 Calendar Year Data

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Average	% of Total Patients*	# of Patients	Average LOS	% of Total Patients*	# of Patients	Average	% of Total Patients*	# of Patients	Pati	Average LOS Pati	% of Total Average Patients* LOS	# of % of Total Average Patients Patients* LOS	% of Total Average Patients* LOS	# of % of Total Average Patients Patients* LOS
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783.7	Abbreviations CVA = Cerebr	CVA = Cerebrovascular accident	
155-156	LOS = length of stay NOS = Not off	NOS = Not otherwise specified	
767.767	CA = cancer Nat'l Tils = National totals	ional totals	
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monia = Pneumonias and other infectious lung diseases = nsons = Parkinsons and other degenerative diseases =

ate CA =

390-398,402-404,410-417,420-427,429

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|zheim dementia = Non-Alzheimers dementia =

nfectious respiratory =

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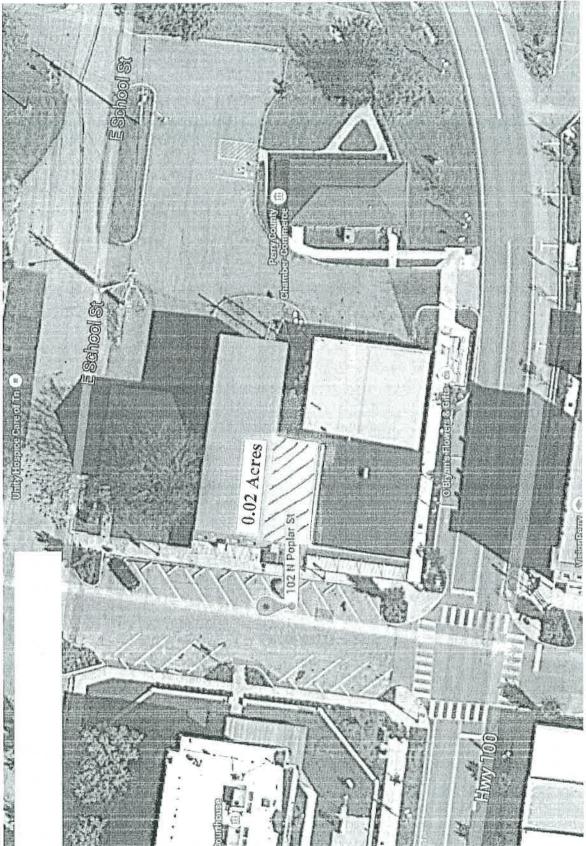
e to thrive = Failure to thrive - adult =

D-9-CM codes:

Stomach CA =

Source: Health Care Information System (HCIS) Data

May 30, 2014 710/// 94



Map data ©2014 Google

NEW JOHNSONVILLE FAMILY HEALTH 224 LONG STREET NEW JOHNSONVILLE, TN 37134

GEORGE MATHAI, MD

TELEPHONE: 931-535-3734

April 30, 2014

Melanie Hill, Executive Director Health Services Development Agency Andrew Jackson Bldg., 9th Floor 502 Deadrick Street Nashville, TN 37243

Dear Ms. Hill:

I am writing this letter in regards to Hospice Alpha Inc.'s request for a Certificate of Need for Hospice services in Humphreys, Perry and the surrounding counties. I would be in support of a hospice closer to our area to better serve our community and my patients.

Approval for the Certificate of Need for Hospice Alpha Inc. would be greatly appreciated.

Sincerely,

Dr. George Mathia

May 30, 2014 3:15pm

ANDREW K. AVERETT, M.D.

GENERAL PRACTICE

P.O. BOX 29 408 SOUTH MILL STREET LINDEN, TENNESSEE 37096 Telephone (931) 589-3841

April 21, 2014

Melanie Hill, Executive Director Health Services Development Agency Andrew Jackson Bldg., 9th Floor 502 Deadrick Street Nashville, TN 37243

Dear Ms. Hill:

I am writing this letter in support of Hospice Alpha Inc.'s request for a Certificate of Need Approval. My office is located in Linden (Perry County) TN. I often see patients in need of Hospice or End of Life Care. I feel that our Community could benefit from a Hospice Agency in this county and the surrounding counties.

Your favorable consideration to grant Hospice Alpha Inc.'s Certificate of Need Approval would be greatly appreciated.

Sincere

Andrew K. Averett, MD

May 30, 2014 3:15pm

Perry County Nursing Home

127 East Brooklyn Ave. Linden, Tennessee 37096

(931) 589-2134

April 21, 2014

Melanie Hill, Executive Director Health Services Development Agency Andrew Jackson Bldg., 9th Floor 502 Deadrick Street Nashville, TN 37243

Dear Ms. Hill:

I am writing this letter in support of Hospice Alpha Inc.'s request for a Certificate of Need Approval. Our Long Term Care Nursing Facility is located in Linden (Perry County) TN. I feel that our Community and Nursing Facility could benefit from a Hospice Agency in this county and the surrounding counties.

Your favorable consideration to grant Hospice Alpha Inc.'s Certificate of Need Approval would be greatly appreciated.

Sincerely,

Brent Hinson, Administrator Perry County Nursing Home

May 30, 2014 3:15pm

Humphreys County Nursing Home, Inc. 670 Highway 13 South P.O. Box 476 Waverly, Tennessee 37185 Phone (931) 296-2532 Fax (931) 296-0829

April 15, 2014

Melanie Hill, Executive Director Health Services Development Agency Andrew Jackson Building 9th Floor 502 Deadrick Street Nashville, TN 37243

Dear Mrs. Hill.

I am writing this letter in support of Hospice Alpha Inc.'s request for a Certificate of Need Approval. My office is located in Humphreys County, As a nursing home administrator, I am a strong supporter of hospice care and the many services hospice provides residents and families. I have been with many families and residents at the end of life's journey and witnessed the beneficial services of hospice. Humphreys County does not have a hospice company.

Your favorable consideration to grant Hospice Alpha Inc.'s Certificate of Need approval would be greatly appreciated.

Sincerely,

Bill Sullivari

Nursing flome Admiristrator and Preceptor

				S	Suj	op)	er	ps	明	al_	G,	ΜĢ	ed.4.	# 1
Persons Below Poverty Level as a % of Total	Persons Below Poverty Level	TennCare Enrollees as % of Total	TennCare Enrollees				65+ % change		65+ Pop. 2014	Total Pop. % Change	Total Pop. 2018	Total Pop. 2014	30, 3: Denographic Variable/Geographic Area	2014 5pm
20.4%	3,316	20.8%	3,385	33,663	41.6	24%	3.3%	3,864	3,701	-0.9%	16,104	16,257	Benton-	
16.9%	2,953	19.2%	3,355	42,097	34.1	16%	2.3%	2,926	2,749	3.0%	17,999	17,472	Chester	
20.9%	2,471	20.8%	2,459	34,146	41.2	22%	-0.1%	2,634	2,579	2.2%	12,080	11,822	Decatur	
22.2%	5,775	23.7%	6,164	33,044	39.8	22%	4.2%	5,832	5,397	0.9%	26,244	26,012	Hardin	
17.5%	4,933	21.2%	5,963	37,784	37.3	18%	4.8%	5,232	4,737	1.6%	28,631	28,186	Henderson	
16.3%	3,981	21.4%	5,238	42,330	36.3	19%	5.8%	4,576	3,953	1.1%	24,698	24,422	Hickman	
14.0%	2,590	18.4%	3,401	41,943	39.0	21%	3.4%	3,809	3,575	0.3%	18,561	18,498	Humphrey	
18.0%	7,619	19.8%	8,399	36,663	36.2	19%	3.5%	8,001	7,483	0.1%	42,387	42,329	Lawrence	
19.4%	2,350	20.1%	2,435	33,956	37.3	20%	5.7%	2,484	2,200	0.9%	12,224	12,112	Lewis	
23.5%	6,247	25.3%	6,714	33,066	39.1	20%	3.3%	5,465	5,064	2.7%	27,299	26,582	McNairy	
24.2%	1,939	22.6%	1,809	32,101	39.8	24%	6.3%	1,909	1,707	1.0%	8,096	8,014	Perry	
20.7%	3,489	16.8%	2,837	35,377	37.3	19%	3.9%	3,219	3,005	-0.8%	16,724	16,854	Wayne	
19.2%	47,662	21.0%	52,159			20%	3.8%	49,951	46,150		251,047	248,560	Svc Area	
17.3%	1,139,845	18.0%	1,184,986	44,140	38.0	16%	6.1%	1,102,413	981,984		6,833,509	6,588,698	TN Total	

Notes: 2014 and 2018 Population Data from TDOH, Office of Policy, Planning and Assessment, Division of Health Statistics

Median Age from US Census Bureau, FactFinder (Attachment C.Need.4.a).

TennCare Enrollees from Tennessee Bureau of TennCare, Enrollees, as of December 2013.

Persons Below Poverty Level as a % of Total and Median Household Income from US Census Bureau, State and County QuickFacts, 2008-2012.

Persons below Poverty Level from (Total Population of 2014) times (Persons Below Poverty as % of Total 2008-2012).

HOSPICE ALPHA INC 102 North Popular St. Linden, TN 37096.

April 21, 2014

Health Services Development Agency Andrew Jackson Bldg., 9TH Floor 502 Deadrick Street Nashville, TN 37243.

RE: Hospice Alpha, Inc-CN1404-010

Hospice Alpha, Inc. has sufficient cash reserves to fund all the necessary costs to initiate home care hospice services as outlined in this application. The estimated required capital for startup is expected to be \$100,000.00 and funds have been dedicated for that purpose.

Respectfully,

Chike R. Mbonu, CFO Hospice Alpha Inc

NOTE: Section B is intended to give the applicant an opportunity to describe the project and its costs # 1
the need that the applicant sees for the project. Section C addresses how the project was 500 2014
the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Order 5 5 pm
Development of Health Care. Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

Response: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$92,250.00.

The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services.

The Applicant anticipates having 45 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area, and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Documentation is provided that shows: (1) the projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this documentation is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for

- II. Provide a detailed narrative of the project by addressing the following length to # 1 the proposal.

 May 30, 2014

 3:15pm
- Describe the construction, modification and/or renovation of the facility (exclusive of major A. medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of \$5 million) and other facility projects (construction cost in excess of \$2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only Please also discuss and justify the cost per square foot for this complete Parts B.-E. project.

If the project involves none of the above, describe the development of the proposal.

Response: There is no construction. The development of the proposal is as follows:

The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$92,250.00.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. Attachment B.II.C.2 is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 48 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Further, a 2011 publication by the Brookings Institute indicates that the over 18# 1 times as fast as the under age 45 population between 2000 and 2010, and that the fastest age 6 pagray, 12014 in the nation is in the Sun Belt (See Attachment B.II.C.5.a).

The current Medicare reimbursement figures are included in *Attachment B.II.C.6*, and the Applicant anticipates approximately \$156.26 per diem for Medicare patients. Further, we anticipate an average length of stay (ALOS) of 71 days, in keeping with national averages (see *Attachment B.II.C.7*).

Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each, to 1 agency see patients in 11 of the 12 counties, according to the Joint Annual Reports (see *Attachment B.II.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	<u>Applicant</u>	Type	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	\$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	\$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	\$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	\$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of \$92,250.00, excluding the minimum \$3,000.00 filing fee. Of that amount, \$30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at \$50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually \$12,500, which will be used for minimal office equipment.

There are no construction or renovation costs with this application. The Applicant will lease a storefront property in downtown Linden, Tennessee.

Therefore, this project is economically feasible.

The approval of this project will only result in positive outcomes. Since existing hospice agencies are not expanding into the areas with documented need for hospice care, this project will have a positive effect on the health care system.

There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	Year 1
Administrator	1.0
RNs	2.0
CNA	4.0

Anticipated Year 1 hourly salary ranges for employees providing patient call are provided in the chart# 1 below:

May 30, 2014
3:15pm

Estimated Hourly Salaries:	Year 1
RN	\$22
CNA	\$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

Response: Not applicable, as there are no beds involved with this project.

C. As the applicant, describe your need to provide the following Lead Edvices (if # 1 applicable to this application):

May 30, 2014

3:15pm

1. Adult Psychiatric Services

- 2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
- 3. Birthing Center
- 4. Burn Units
- 5. Cardiac Catheterization Services
- 6. Child and Adolescent Psychiatric Services
- 7. Extracorporeal Lithotripsy
- 8. Home Health Services
- 9. Hospice Services
- 10. Residential Hospice
- 11. ICF/MR Services
- 12. Long-term Care Services
- 13. Magnetic Resonance Imaging (MRI)
- 14. Mental Health Residential Treatment
- 15. Neonatal Intensive Care Unit
- 16. Non-Residential Methadone Treatment Centers
- 17. Open Heart Surgery
- 18. Positron Emission Tomography
- 19. Radiation Therapy/Linear Accelerator
- 20 Rehabilitation Services
- 21. Swing Beds

Response: Hospice Services: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$92,250.00.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. Attachment B.II.C.2 is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 48 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to

May 30, 2014

Further, a 2011 publication by the Brookings Institute indicates that the over age 45 population gre**3:15pm** times as fast as the under age 45 population between 2000 and 2010, and that the fastest age 65+ growth in the nation is in the Sun Belt (See *Attachment B.II.C.5.a*).

The current Medicare reimbursement figures are included in *Attachment B.II.C.6*, and the Applicant anticipates approximately \$156.26 per diem for Medicare patients. Further, we anticipate an average length of stay (ALOS) of 71 days, in keeping with national averages (see *Attachment B.II.C.7*).

Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each, to 1 agency see patients in 11 of the 12 counties, according to the Joint Annual Reports (see *Attachment B.II.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	<u>Applicant</u>	Type	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	\$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	\$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	\$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	\$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of \$92,250.00, excluding the minimum \$3,000.00 filing fee. Of that amount, \$30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at \$50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually \$12,500, which will be used for minimal office equipment.

There are no construction or renovation costs with this application. The Applicant will lease a storefront property in downtown Linden, Tennessee.

Therefore, this project is economically feasible.

The approval of this project will only result in positive outcomes. Since existing hospice agencies are not expanding into the areas with documented need for hospice care, this project will have a positive effect on the health care system.

There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	Year 1
Administrator	1.0
RNs	2.0
CNA	4.0

Anticipated Year 1 hourly salary ranges for employees providing patient **Supplied to the char# 1** below:

May 30, 2014

3:15pm

Estimated Hourly Salaries:	Year 1
RN	\$22
CNA	\$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

5. Describe the existing or certified services, including approved bu sumplemental total of #1 similar institutions in the service area. Include utilization and/or occupancy trends for earlay 30,e2014 most recent three years of data available for this type of project. Be certain to list each institution and/5pm its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

Response: Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each to 1 agency see patients in 11 of the 12 counties, according to the 2013 Joint Annual Reports (see *Attachment B.II.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. Attachment B.II.C.2 is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 48 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Please see Attachment B.II.C.4, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small, when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See Attachment B.II.C.4.a). Therefore, all 12 counties constitute our proposed service area.

It is very important to understand the statistical parameters involved with this project. In 2May 30,72014, hospice patients were seen in the 12 county service area. The Applicant anticipates seeing only3.45pm patients during the first year of operation, which represents a 5.1% actual increase in hospice patients seen in the area. Obviously, the approval of this project will have less of an effect – practically none at all – on the utilization of existing hospices than their own inability to provide hospice care.

Also, please note the following tables, which should indicate the level of commitment that existing hospice providers have in the 12 county service area.

Agency	# of Service Area Counties Served in 2013
Aseracare Hospice-McKenzie	7 of 12 Counties
Baptist Memorial HC &Hospice	2
The Highland Rim	3
Avalon Hospice	8
Caris Healthcare	7
Caris Healthcare	4
Henry Co. Medical Cntr Hospice	1
Hospice of West Tennessee	5
Tennessee Quality Hospice	11
Legacy Hospice of the South	3
Magnolia Regional HCH	2
Unity Hospice Care of TN, LLC	8
Volunteer Hospice	3
Guardian Hospice	1
Willowbrook Hospice, Inc	. 1

County	# of Agencies that Served county in 2013
Benton	6 of 15 Counties
Chester	6
Decatur	5
Hardin	8
Henderson	6
Hickman	5
Humphrey	6
Lawrence	6
Lewis	4
McNairy	7
Perry	3
Wayne	4

May 30, 2014

6. Provide applicable utilization and/or occupancy statistics for your institution for each o**\$t45pm** past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology <u>must include</u> detailed calculations or documentation from referral sources, and identification of all assumptions.

Response: There is no historic utilization, as this application is for a new hospice agency. Anticipated utilization is based on the existing need for hospice care in the area, coupled with an estimate of increased market penetration based on consumer education about hospice care.

Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (Attachment B.II.C.3), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

In order to be referred to hospice care, each patient must be certified by his/her attending physician to have a condition that will most likely result in death within 6 months (120 days) of the diagnosis. Nationally, the ALOS for hospice patients was 71 days in 2009 (Attachment B.II.C.7).

The Applicant anticipates seeing 48 and 85 patients per year in Years 1 and 2, respectively.

PROJECTED DATA CHART

May 30, 2014
Give information for the two (2) years following the completion of this project. The fiscal year begins 3:15pm January (month).

Janu	ary (monur).	Yr-1	Yr-2
Α.	Utilization/Occupancy (number of patients)	<u>48</u>	<u>85</u>
В.	Revenue from Services to Patients		
	1. Inpatient Services		
	2. Outpatient Services	716,057	1,017,080
	3. Emergency Services	03	1
	4. Other Operating Revenue (Specify)		
	Gross Operating Revenue	716,057	1,017,080
C.	Deductions from Operating Revenue		
	1. Contractual Adjustments		
	2. Provision for Charity Care	35,803	50,854
	3. Provision for Bad Debt	21,482	30,512
	Total Deductions	57,285	81,366
	NET OPERATING REVENUE	658,772	935,714
D.	Operating Expenses		
	1. Salaries and Wages	298,680	379,320
	2. Physician's Salaries and Wages (Contracted)	48,000	60,000
	3. Supplies	3,600	6,000
	4. Taxes	83,630	106,210
	5 . Depreciation	600	600
	6. Rent	6,600	6,600
	7. Interest, other than Capital		
	8. Management Fees		
	a. Fees to Affiliates		
	b. Fees to Non-Affiliates	4	
	9. Other Expenses (Specify)	119,330	148,120
	Total Operating Expenses	560,440	706,850
E.	Other Revenue (Expenses)-Net (Specify)		
	NET OPERATING INCOME (LOSS)	98,332	228,864
F.	Capital Expenditures		
	1. Retirement of Principal		
	2. Interest (on Letter of Credit)		
	Total Capital Expenditure		- III
	NET OPERATING INCOME (LOSS) LESS		
	CAPITAL EXPENDITURES	98,332	228,864
	R-42	, , , , , , , ,	

OTHER EXPENSES

May 30, 2014 3:15pm

PROJECTED DATA CHART

Item D 9 - Other Expenses	Year 1	Year 2
Computer/Laptops	\$4,500	\$0
Furniture	6,000	0
Insurance/General & Professional Liability	16,800	18,000
Medical Supplies	9,000	14,400
Mileage Reimbursement	36,480	54,720
Minor Equipment/Printers	2,000	0
Miscellaneous/Provision for Contingencies	4,800	6,000
Repairs and Maintenance	9,000	12,000
Training	750	1,000
Utilities	6,000	6,000
Worker Compensation	24,000	36,000
Total	\$119,330	\$148,120

2. Describe the positive and/or negative effects of the proposal on the state of the proposal on the state of the proposal in the state of the proposal in the state of the proposal in the proposal in the proposal will have on the utilization rates of existing providers in \$195pm service area of the project.

Response: The approval of this project will only result in positive outcomes. Since existing hospice agencies are not providing care to the statistically-expected number of patients in the proposed service area, this project will have a positive effect on the health care system.

It is very important to understand the statistical parameters involved with this project. In 2013, 1,172 hospice patients were seen in the 12 county service area. The Applicant anticipates seeing only 48 patients during the first year of operation, which represents a 5.1% actual increase in hospice patients seen in the area. Obviously, the approval of this project will have less of an effect – practically none at all – on the utilization of existing hospices than their own inability to provide hospice care.

Also, please note the following tables, which should indicate the level of commitment that existing hospice providers have in the 12 county service area.

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Hardin	8
Henderson	6
Hickman	5
Humphrey	6
Lawrence	6
Lewis	4
McNairy	7
Perry	3
Wayne	4

3. Provide the current and/or anticipated staffing pattern for all employees providing pallay 30:e2014 for the project. This can be reported using FTEs for these positions. Additionally, please compare 3:45pm clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

Response: There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	Year 1
Administrator	1.0
RNs	2.0
CNA	4.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	\$22
CNA	\$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

Buffalo River Review

PO Box 914 • 115 South Mill St. Linden, TN 37096 (931)589-2169 • Fax (931)589-3858

SUPPLEMENTAL-#1

Ads or Genera May After 291.4 brreview@tds.net 15pm News Copy Only: brreditor@tds.net

Website: www.buffaloriverreview.com

RE: Health Services & Development Agency

AFFIDAVIT OF PUBLICATION

STATE OF TENNESSEE COUNTY OF PERRY

I, Sherri Groom, do swear that I am General I newspaper published in Perry County, Tenness fide circulation in Perry County and that the Not true copy, was published for	see, Town o	f Linden, hich the	having an a	actual and	d bona
Wednesday, April 9, 2014					
·			ja		
) 					
Sherri Groom, General Manager The Buffalo River Review					
Subscribed and sworn to before me this 9th	day of	April	, 2014.		
Ginger Edwards, Notary Public		STATE			
My commission expiresApril 30, 2017	PERM	NOTARY PUBLIC	The constitution of the co	3	

curve to the right having a radius of 287.19 ft. (chord bearing and distance of South 68 deg., 26 min., 15 sec., West 201.46 ft.) and an arc length of 205.83 ft. to a coint; thence North 89 deg., 52 min., 47 sec., West 210.39 ft. to a point; thence South 86 deg., 37 min., 57 sec., West 204.30 ft. to a point; thence with a curve to the right having a radius of \$24.78 ft. (chord bearing and distance of North 70 deg., 31 min., 10 sec., West 366.40 ft.) and an arc length of 371.86 ft. to a point; thence North 51 deg., 51 min., 17 sec., West 104.54 ft. to a found iron rod near the North margin of Hurricane Creek Road, said iron rod being the southeast corner of the Roy Sharp property (Dd. Bk. R-20, Pg. 678) and the southwest corner of the tract herein described; thence with the East line of Sharp, North 36 deg., 51 min., 18 sec., East 30.73 ft. to a point; thence North 57 deg., 16 min., 48 sec., East 51 min., 18 sec., East 80.73 ft. to a point; thence North 57 deg., 16 min., 48 sec., East 238.36 ft. to a found iron rod; thence North 73 deg., 08 min., 28 sec., East 609.23 ft. to a fence corner, said fence corner being the northeast corner of Sharp, an interior corner of the Joyce Morris property (Dd. Bk. D-6, Pg. 738) and an interior corner of the tract herein described; thence with the East line of Morris being a red painted line per Chancery Court Judgment (Dd. Bk. B-4, Pg. 484), North 37 deg., 34 min., 11 sec., East 625.21 ft. to a marked 10" white oak in the west line of the Justin Griggs property (Dd. Bk. D-8, Pg. 73); thence with the West line of Griggs, South 12 deg., 21 min., 06 sec., West 239.38 ft. to a 20" white oak; thence South 07 deg., 49 min., 16 sec., West 101.44 ft. to a 20" white oak; thence South 03 deg., 41 min., 24 sec., West 261.13 ft. to a 14" white oak; thence South 07 deg., 53 min., 27 sec., West 68.57 ft. to a 6" white oak: thence South 02 deg., 31 min., 37 sec., West 219.82 ft. back to the point

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF

Buttalo Kiver Keview. April D. 2014. Dr. villed

738); thence with the East

line oi Morris baing a red

painted line per Chancery

Court judgment (Dd. Bk.

B-4, Pg. 484), North 02

deg., 30 min., 29 sec., East

passing a found iron stake

1150.84 ft. in all 1153.29 ft.

to a point in the center of

Hurricane Craek; thence

with the center of Hurricane

Creek, South 85 deg., 14

min., 07 sec., East 83.19 ft.

to a point; thence South 79

deq., 43 min., 34 sec., East

106.01 ft. to a point; thence

South 58 deg., 30 min., 51

sec., East 112.59 ft. to a

point: thence South 55 dag.,

03 min. 17 sec., East 80.23

ft. to a point; thence South

64 deg., 20 min., 37 sec.,

East 109.88 ft. to a point;

thence South 73 deg., 11

min., 43 sec., East 47.98 ft.

to a point; thence North 25

deg., 47 min., 03 sec., East

96.79 It to a point near the

South margin of Hurricane

Creek Road; thence with

the South margin of

Hurricane Creek Road, with

a curve to the left have;; a

radius of 664.78 ft. (Chord

bearing and distance of

South 70 deg., 34 min., 32

see., East 392.55 ft.) and

an arc length of 398.48 ft.

to a point; thence North

35 deg., 37 min., 57 cac.,

East 205.08 ft. to a point;

thence South 89 deg., 52

min., 47 sec., East 209.56

ft. to a coint: thence with

a curve to the left having a

radius of 327.19 ft. (chord

bearing and distance of

North 68 deg., 22 min., 05

sec., East 231.03 ft.) and

an arc length of 236.12 ft.

to a point; thence North 44

deg., 33 min., 32 sec., East

74.88 ft. back to the point

of beginning containing

56.75 acres as surveyed

by Land Development

Group, Inc., (Daryl W. Isbell

TN RLS 2143). Address:

16520 Highway 104 North,

P.O. Box 304, Lexington,

TN 39351. All iron pins are

1/2" dia. and stamped with

identification cap "LDG

INC". November 19, 2013.

Bearings relative to Grid

Being a portion of the same

property conveyed to Bud

Sharp, by deed from Albert

Pavahouse, dated February

12, 1951, of record in Deed

North.

Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately \$100,000.00.

The anticipated date of filing the

is E. Graham Baker, Jr., Attorney, who may be reached at 2021 Richard Jones Road, Suite 120, Nashville. Tennessee, 37215, 615/370-3380.

interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Andrew Jackson Building 502 Deaderick Street, 9th Floor Nashville, Tennessee 37243 The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and **Development Agency meeting** at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Development Services and Agency at or prior to the

by the Agency.

B 4/9

SUPPLEMENTAL-#1

May 30, 2014 3:15pm

This is to provide official notice to the application is: April 14, 2014. The contact person for this project Upon written request Services **Development Agency** consideration of the application

Affidavit of Publications

May 30, 2014 3:15pm

Newspaper:

Jackson Sun 7 Day

State Of Tennessee

TEAR SHEET ATTACHED

Account Number:

111041JS

Advertiser: E. GRAHAM BAKER, JR.

RE: HOSPICE ALPHA, INC. NOI

. V Leny sa	ales Assistant	for the
above mentioned newspaper, hereby certi	fy that the atta	ached
advertisement appeared in said newspape	r on the followi	ing dates:
4/9/2014 V Revry		
Subscribed and sworn to me this $\frac{-18}{2}$	day of April	<u></u>
Sola Bale	STATE STATE	The state of the s
NOTARY PUBLIC		10 to
	50 - VO	VII.a

3:15pm

Affidavit of Publications

May 30, 2014 3:15pm

Newspaper:

THE TENNESSEAN

State Of Tennessee

TEAR SHEET ATTACHED

Account Number: 496359

Advertiser: E GRAHAM BAKER, JR.

RE:	NOI - Hospice Alpha, Inc.		
	()		
1,	V Yerry	Sales Assistant	for the
above	mentioned newspaper, hereby	certify that the att	tached
1	tisement appeared in said new	spaper on the follow	wing dates:
C			8
Subsc	ribed and sworn to me this	10 day of ap.	il , 2014

NOTARY PUBLIC

HE

TENNESSEAN

BEING THE SAWE GOSPROPERTY CON- AS.
PROPERTY CON- AS.
PROPERTY AS.
PROPERTY CON- A WIFE, NANCY T.
RUTLEDGE, BY DEED
DATED MAY 30, 1991
OF RECORD IN DEED
BOOK 423, PAGE 359,
IN THE RISISTER'S
OFFICE OF WILSON signed

NANCY T. RUTILEDGE, TO STEVEN
S. RUTI-LEDGE, HIS
S. RUTI-LEDGE, HIS
S. RUTI-LEDGE, HIS
HERS AND ASSIGNS,
BY QUITCLAIM DEED
DATED JULY 26, 2004
OF RECORD IN BOOK
LO70, PAGE 235, IN
THE REGISTER'S OFFICE OF WILSON
COUNTY, TENNES-CONVEYED PROPERTY FROM RUTdebtedness having been declared due and payable by U.S. BANK NATIONAL ASSOCIATION, being the present thorized agent, des-ignee or servicer of the holder/owner of said indebtedness, has requested fore-SOCIATION, being the present owner/holder or au-AS, the said Deed was last a d to U.S. BAI DNAL ASSOCI the entire

HIS closure proceedings
Also be instituted; and of the power of the po

Town of Smyrna, Tennessee at their offices in Smyrna Town Hall, 315 South Lowry Street, Smyrna, Tennessee until 10:00 A.M., April 30, 2014 and opened publicly at Smyrna, Town Hall, 315 South Lowry Street, Smyrna, Town Hour, The reading of the bids will begin at 10 A.M.
Proposals should be mailed or hand deplication, S. Gatther, Filtered to:

MAP 051E GROUP A
PARCEL 012:00
THE SALE OF THE
SUBJECT PROPERTY
IS WITHOUT WARRANTY OF ANY

RANTY OF ANY
KIND, AND IS FURTHER SUBJECT TO
THE RIGHT OF ANY
TENANT(S) OR OTHER PARTIES OR EN-

TITIES IN POSSES- TITIES IN POSSES-

THIS IS IMPROVED PROPERTY KNOWN AS 381A GREEN HAR-BOR RD., OLD HICK-ORY, TENNESSEE

The following restate located real nance Director
Smyrna Town Hall
Scaled Proposal on
Espeyland Trailingud
Improvements

THIS SALE IS SUB-JECT TO ANY UN-PAID TAXES, IF ANY, ANY PRIOR LIENS OR ENCUMBRANCES LEASES, FASEMENTS

SEE: LAND IN COUNTY,

WILSON NOSTIM

AL ASSOCIA (nown as 1001 a) we entire in-WOODALL ROAD SI SS having LEBANON, TENNES- LI Clared due SEE 37090.

THOUGH AS CIDETTE JONES, WATER TO THE SEE STORY TO THE SEC STORY TO THE SEE STORY TO THE SEC STORY T S- SUBSTITUTE TRUST-THAT PURPOSE.
This day, Warch
2014. This is in NASHVILLE, TN www.phillipjoneslaw (615) 254-4430 .⊒°0 by the leader of the rest of the leader of t Law Office of Sha-piro & Kirsch, LLP 555 Perkins Road Ex-tended, Second Memphis, TN 38117 / Phone (901)767-5566 Fax (901)761-5690 File No. 14-056432 confirmation of & Kirsch, Substitute sale 0 0101

O101729083
NOTICE TO
CONTRACTORS
OF SYATE HIGHWAY
CONSTRUCTION BIDS
TO BE RESERVED ON
APRIL 39, 2014
Sealed Bids will be received by the

.com F14-0210

received Town o

d certificate of compliance may personally a framework the counsel appear or submit their views in writing at the Department of Law, Suite 108, Metro Courthouse, 12048 at 1048 A.M.

e mission will consider the application at a date to be set by the Tennessee Alcoholic Beverage Commission in Nashville, Tennessee, Interested persons may personally or through counsel submit their views in writing by the hearing date to be scheduled by the TABC.

Anyone with questions concerning this application or the laws relating to it may call or write the Alcoholic Beverage Commission at Davy Crockett Tower, 500 James Robertson Parkway, Third Floor, Nashwille, TN 37243, or (615) 741-1602.

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d politan Government of Nashville and Davidson County for a certificate of compliance and conson County for a certificate of compliance and has or will apply to the Tennesses see Alcoholic Beverage Commission at Nashville for a retail liquor license for a store to be named Hillsboro & Vine and to be located at 2006 Belcourt Avenue, Nashville, Tennessee 37212, which is currently owned by Hung M. Chen and wife, Wellien S. Chen, 3837 Creekside Drive, Wellie, Tennessee 37211. Hillsboro & Vine, LLC is a limited liability company owned by Merritt Davis Goetz, Jr., President, 911 Clearview Drive, Nashville, Tennessee 37205, Morits Reid Estes, Jr., Vice President, 3110 Forrest Park Drive, Nashville, Tennessee 37215, James Anthony Wille, Tennessee 37215, James Anthony Willoy, Secretary, 4429 East Brookfield Avenue, Nashville, Tennessee 37205, and Marina Silvano Prado Talmadge, Treasurfield, Tennessee 37072. RETAIL LIQUOR LICENSE NOTICE Vine, 6 Metro-

ticipated to be approximately \$100,000.00.
The articipated date of filing the application is: April 14, 2014.
The contact person for this project is E. The contact person for this project is E. Graham Baker, Jr., Aftorney, who may be reached at 2021 Richard Jones Road, Suite 120, Nashville, Tennessee, 37215, 515/370-3380.

Upon written request by interested parties, a lucal Fact-Thuding public hearing shall be conducted. Written requests for hearing shall be send to:

Agency

Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243
The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) any other person wishing to oppose the any other person wishing to oppose the application must file written objection with the Health Services and bevelopment Agency at or prior to the considerament Agency at or prior to th tion of the application by the

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This is the provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. 808-11-1601, et seq. and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Temessee 37096, owned and managed by itself, is applying for a certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately

Amendment 22 will also include a request to implement a limit on diapers of 200 per month for adults aged 21 and older who receive these items on an outpatient basis and who need them for medical reasons.

Copies of this notice will be available in each county office of the Tennessee Department of Health, and on the Tennessee website located online at https://www.tm.gov/feaucare/. Written comments may gov/feaucare/. Written comments may be submitted by email to Susie. Bailwill with gov or may be mailed to Mr. Darin Gordon, Director, Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243. Persons wishing to review copies gov or may be mailed to Mr. Da don, Director, Bureau of TennC Great Circle Road, Nashville, Te 37243. Persons wishing to review of written comments received in mit their requests to the sam and/or physical address.

WEDNESDAY, APRIL 9, 2014

aide, home health rurse or private duty nurse and no co-pay will be associated with visits to a community merial health center or outpatient substance abuse treatment facility.

Non-emergency use of the Emugency Room: \$8 per occasion. defined as a single day.

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providers may require an enrollee to pay cost-sharing as a condition of receiving the service if the individual has a family income that exceeds 100 percent of the Federal Poverty Level.

In accordance with 42 CFR § 447.56(f), copays incurred by all enrollees in a TennCare household may not exceed an aggregate limit of 5 percent of the family's income, applied on a quarterly basis. Copays to be included in the aggregate limit will be those identified in this notice plus copays that are already in place.

It is the state's intention to submit this amendment to CMS with the request that amendment to CMS with the request that it be approved in time for implementation to occur July 1, 2014. Corresponding State Plan Amendments will be filed, where appropriate. We estimate that implementation of the amendment and corresponding State Plan changes will result in a decrease in aggregate annual expenditures of \$19,529,700 in State and Federal al funds in State Fiscal Year 2015.